

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

Virtual course in pharmacy practice

Web site aims to refer patients to local independents

Direct-to-consumer ads: choice or chaos?

77pc of consumers worried over high OTC prices says survey

Inland Revenue to simplify tax returns

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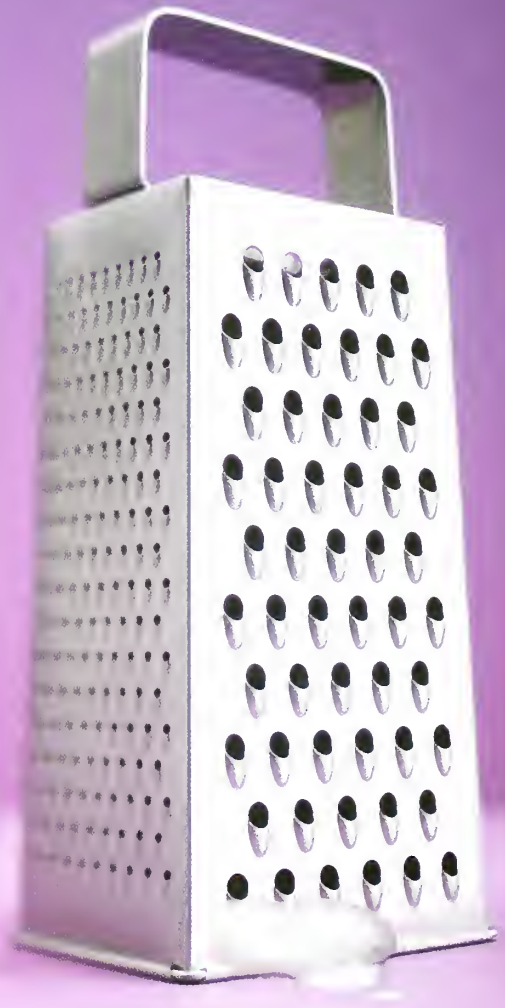
1 Full Marks Mousse has a 30 minute treatment time
2 British National Formulary 39, March 2000.

Derbac M Liquid, Full Marks Liquid and Full Marks Mousse Abbreviated Prescribing Information: Active Ingredient: Derbac M Liquid: Malathion 0.5% w/w Full Marks Mousse and Liquid: Phenothrin 0.5 w/w. Indications: For the treatment of head lice infection. Contraindications, Warnings, etc: Not to be used on infants under six months of age unless under medical advice. Products should not be used more than once a week and for not more than three consecutive weeks. Legal Category: P. Product Licence Holder: Seton Products Limited, Oldham OL1 3HS. Date of Preparation: April 2000. Further information is available from SSL International plc, Tubiton House, Oldham OL1 3HS.



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CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

VOLUME 253 No 6243 140th YEAR OF PUBLICATION ISSN 0009-3033

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COMMENT

The Government's intention to produce a 'national plan' for the NHS could deliver an unexpected bonus for community pharmacists. According to sources in Whitehall, the issue of repeat prescriptions by pharmacists is one of the ideas on Mr Milburn's agenda. All the signs are that we are entering the end game for this particular development. Pilots have been done looking at various models under which pharmacists might issue repeat medication, so there is a body of experience to draw upon in defining such a service. GPs are aware that this is on the agenda and have not been vehemently opposed to the idea in principle. Now, then, is the time to get down to what it might entail in practice, both for patients and pharmacists. How will contractors provide such a service and be paid for it? Will it just be repeat dispensing or will it go further? Does it mean supply from a limited list of Prescription products under protocols? Does it mean that pharmacists will take over patient care once treatment has been initiated by a GP? In view of the unhelpful debate on emergency hormonal contraception (unhelpful in that it should have taken place months ago) PSNC, the NPA and the Royal Pharmaceutical Society need to clarify their policy now, together, make sure it is properly communicated both to pharmacists and other stakeholders, and then push, together, for the right result. This government is not going to be in office for ever, so let's get it right!

Congratulations to Christine Glover on her election for a second term as Society president. Her re-election unopposed should be seen as an indication that some of the rifts that have been evident in the profession's ruling body are beginning to heal, and that Council is recalling that it has a corporate responsibility. It still has some way to go, though, to fully restore its credibility with pharmacists.

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Self-assessment may not be so difficult in future



Editor Patrick Grace, MRPharmS
Assistant Editor Guy L'Amable, BA
News Editor Charles Gladwin MRPharmS
Technical Editor Steve Bremer MRPharmS
Contributing Editor Adrienne de Mont MRPharmS
Beauty Editor Sarah Thackray
Art Editor Tony Lamb
Production Editor Vanessa Townsend, BA
Editorial Secretary Jan Powis
Editorial (tel): 01732 377487;
(fax): 01732 367065
E-mail: chemdrug@unmt.com
Price List
Colin Simpson (Controller)
Darren Larkin, Maria Locke
Price List (tel): 01732 377407;
(fax): 01732 377559
Group Advertisement Manager
Julian de Bruxelles
Group Advertisement Executives
Simon Goddard,
Christian Harris, Sophie Wellsted
Classified Executive
Matthew Gool
Advertisement department secretary
Elaine Steele
Advertising (tel): 01732 377621;
(fax): 01732 377179
Production
Karen Way
Associate Publisher
John Skelton FRPharmS

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Government to push ahead with pharmacist repeat dispensing

Pharmacists are to be given the right to issue repeat prescriptions under the Government's NHS national plan to be unveiled next month.



Alan Milburn

Ministers attending a Downing Street summit were told that the idea had been put forward by the Royal Pharmaceutical Society. Although no mention was made of the plan publicly, Whitehall sources confirmed that is one of the ideas on Alan Milburn's agenda.

The NHS national plan, which will be announced after the Chancellor's comprehensive spending review, will break down demarcation lines between health professionals. Tony Blair came back from his Whitsun break convinced that structural reforms were needed for the NHS, in addition to extra money.

He has told colleagues that for too long Labour had believed that the problems of the health service could be resolved by money alone. The Prime Minister sees prescribing by pharmacists as part of the drive to make the NHS more responsive to the needs of patients.

Approval of the morning after pill over the counter will be the next step. Downing Street policy advisers have told Mr Blair that protocols are the way forward in advancing the way that pharmacists can serve patients, and in breaking down more of the barriers between professions.

The Government is billing the changes as the most radical since the NHS was set up in 1948. Whether they will live up to that billing has yet to be seen, but Mr Milburn has the resources to reward change. If pharmacists ask for more money in return for doing more work it will be difficult for ministers to deny that they have the money to provide the incentives.

C&D subscriptions

Chemist & Druggist has introduced a new direct line for subscription enquiries on 01858 438809. The number will be carried permanently on p3 (below the C&D staff list).

Internet course is a first for Nottingham University

The Virtual School of Pharmacy Practice at the University of Nottingham is offering internet-based distance learning courses in pharmacy practice.

A Pharmacy Practice Enhancement Programme will start this autumn, leading to a postgraduate diploma after two years. Participants will complete various exercises, submit a portfolio and take part in live interactive tutorials held at a set time in the evening.

The first module leads to proficiency in use of the internet. Other modules include prescribing advice, minor ailments, health promotion, health economics and policy, research methodology and sociology. The course costs £1,620 per year and is

open to practising pharmacists worldwide who are registered with an approved body and have a recognised undergraduate degree (all UK degrees comply).

Dr Claire Anderson, director of pharmacy practice and social pharmacy, Nottingham University Pharmacy School, says the course attempts to overcome some of the disadvantages of distance learning. Previously interactivity was limited to written or telephone contact with the instructor, leading to feelings of isolation. With internet learning, participants can interact with each other as well as with the instructor.

The first module was piloted by about ten pharmacists, including two in South Africa. The course aims to

develop reflective practitioners and promote an evidence-based, innovative approach to practice.

One of the pharmacists, Clare Carter, said: "Using computer technology to aid learning is an excellent opportunity since I have easy access to a machine at home and at work. Learning via the computer has inspired me. The main advantage of the course is the flexibility over more traditional learning tools. I found the section on synchronous internet-based communication particularly thought provoking. I am confident that the future role of pharmacists will certainly involve new computer technology such as this."

Further information on www.nottingham.ac.uk/pharmacy/vspp

Health secretary hints at NHS national plan

Health secretary Alan Milburn has set out what he hopes the national plan for the NHS will contain.

On Tuesday, addressing the New Health Network, he identified "seven underlying weaknesses" with the current system which the plan will address. He also suggested a new class of primary care trust could develop to provide health and social care for the elderly. And while he acknowledged that a lack of funding has been a factor, the real problem is the system itself.

The seven areas to be tackled are:

- Capacity problems - funding will allow expansion of services
- An absence of national standards - there will be a commitment to work with "doctors, nurses and managers" to develop clear national standards to benefit all patients
- An inability to judge comparative

performance - the range of good quality clinical information will expand and there will be more openness

- An absence of incentives - the plan "will establish a clear link between performance and reward, so that the best performers have the freedom and the extra resources they need to expand and improve their services"

- No means to inspect or inspire enhanced organisational performance - there will be new expert external advice, support and intervention to help redesign services

- Rigid structural and professional demarcations - "There are tribal boundaries between professions which reinforce an outmoded division of labour and hold back staff from fulfilling their true potential."

The plan will include new roles for staff and new means to integrate

health and social care services.

- A focus on treatment rather than prevention - there will be new initiatives to reduce deaths from coronary heart disease and cancer.

Part of the national plan will be to audit the state of the NHS. Mr Milburn said the first interim report, which was issued on Tuesday, "confirms that one of the most striking facts about the health service is that the care you get and the services you receive depend too much on where you live."

Immediately after the speech, Superdrug called on the pharmacy profession "to act now or face exclusion" from the national plan.

Superdrug's Barry Simmer said there were great opportunities to be gained for pharmacists, "opportunities we must seize or be forever sidelined in the new NHS."



UK anti-drugs co-ordinator Keith Hellawell spoke on drug addiction to final year students at Bradford School of Pharmacy and members of the Bradford Branch of the Royal Pharmaceutical Society. His visit was arranged by Lloydspharmacy teacher practitioner Simon Tweddell, pictured (left) with Mr Hellawell and Professor Brenda Costall, head of department at the School of Pharmacy

Low response to NHS Direct pilot

Pharmacists in Essex are urged to fill in and return their referral forms for the NHS Direct pilot.

There has been a disappointingly low response, says project manager Ash Pandya, whose own audit suggests a higher number of referrals than the returned forms indicate.

"As 400 pharmacists are taking part, we only expect one or two referrals a month from each so maybe pharmacists are holding on to the forms until they have more to record," he says.

Another reason for the low figures is that patients are not identifying themselves as referred by NHS Direct.

Pharmacist launches a free advice and referral website

IN BRIEF

Northern Ireland statistics

There were 1,843,296 items dispensed from 1,054,339 prescription forms in Northern Ireland in February. The ingredient cost was £19.27 million (£18.03m net). Discount was £1.240m, with ancist and other payments totalling £3.014m. The gross cost was £21.04m (£20.39m net). Gross cost per prescription was £11.4140 with ingredient cost £10.4515. The net ingredient cost per prescription was £9.6262.

Scottish statistics for January ...

There were 4,635,066 prescriptions dispensed in Scotland in January, 4,625,960 by chemist contractors, at a total cost to the exchequer of £50,592,984. For chemist contractors, the ingredient cost per prescription was 809.62p, dispensing fees were 99.13p with a professional allowance of 219.34p and oncost of 0.19p. The gross total per prescription was 1140.40p at 1077.85p net. The average CD fees cost per prescription was 7.88p.

... and for February

There were 4,722,115 prescriptions dispensed in Scotland in February, 4,713,861 by chemist contractors, at a total cost to the exchequer of £52,474,758. For chemist contractors, the ingredient cost per prescription was 1012.18p, dispensing fees were 99.01p with a professional allowance of 35.17p and oncost of 0.17p. The gross total per prescription was 1159.27p at 1099.23p net. The average CD fees cast per prescription was 8.01p.

NPA Roadshow this week

The schedule for the National Pharmaceutical Association's 'Ask your pharmacist' Roadshow this week is: June 12 Liverpool; June 13 Preston; June 14 Dumfries; June 16 and 17 Belfast (including the members' evening on Friday).

Ban on herbs like Aristolochia

The Order banning aristolochia and similar species, such as akebia, caculus and clematis, has now been published (C&D, May 27, p4). From June 16 the sale, supply and importation of unlicensed medicinal products containing these plants will be prohibited under the Medicines (Aristolochia and Mu Tang etc) (Temporary Prohibition) Order 2000 (SI No 1368; Stationery Office, £1.50).

CE marking of medical devices

Regulations requiring in vitro diagnostic devices to carry CE markings came into effect on June 10.



Feeling Sick?

1. What's wrong about this free professional pharmaceutical advice site for the Internet User?
2. We are not a shop and we are not trying to sell you anything.
3. Do you need advice on your medicine?

What are we?

What do we do?

What's the problem?

Try the counter medicine

Seasonal Advice

Useful Information

Trade Enquiries

Links

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A community pharmacist is recruiting independent pharmacies so that he can refer patients to such outlets via the internet.

Leon Curie, better known as Lionel, is offering a free on-line pharmacist advice service to the public. But rather than selling products, he will be recommending over the counter medicines and referring the client to a local pharmacy, based on the client's postcode, to make the purchase.

Mr Curie is keen to support the independent sector and hopes three pharmacies per post code area will register with www.getwellkwik.co.uk. However, he says he will still refer clients to pharmacies not registered with the site, and will then follow up with the pharmacy later.

"There are lots of information sites around, but not many giving one-to-one advice," said Mr Curie. He hopes to give a response within 15 minutes for enquiries made during normal working hours. He believes his site can offer community pharmacies an internet presence even if they do not have internet access. It will also increase customer awareness of independent pharmacies, he says.

In terms of product recommendation, Mr Curie is seeking corporate support and will, therefore, have sponsors' products as first line recommendations. But he says that where a product

is inappropriate, he will not make a recommendation.

"Getwellkwik supports any product that will relieve the patient's symptoms, not just those [from companies] that are supporting us," he told C&D. Aventis Pharma is already signed up, he added, and there is interest from an anti-histamine manufacturer, as well as support from Sigma Pharmaceuticals.

Although Getwellkwik has not contacted the Royal Pharmaceutical Society, the site has taken legal advice and posts a full disclaimer. Mr Curie believes that such a site falls easily within the operating guidelines being used by retailing on-line pharmacies.

Site visitors are asked to fill in a questionnaire along WHAM lines, so Mr Curie is confident that not seeing the patient face-to-face will not be a problem. "I will have more information

than if someone walks into a shop and asks for a hayfever tablet by name," he said. In addition, patients are then visiting a pharmacy once a recommendation is made so the pharmacist-patient interface is not diminished.

The site has been operating for a fortnight and over 30 pharmacies are signed up. The introductory registration fee is £50 per year, which will include regular newsletters and updates. Participating pharmacies are sent a poster to inform the public that they are participating in the scheme.

Mr Curie is operating the service via an office in London which forwards e-mail requests on to him while he is in a pharmacy. Should demand interfere with his work at the pharmacy he will employ locum cover. He can be contacted at jonathan@getwellkwik.co.uk or at pharmacist@getwellkwik.co.uk.

Look out for this month's Update question paper

Enclosed in this week's issue is the questionnaire for Pharmacy Update modules carried in May:

- services to homes (1161)
- migraine, part one (1162)
- anxiety (1163)
- migraine, part two (1164).

Pharmacy Update is a distance learning programme accredited by the College of Pharmacy Practice. Previous modules can be obtained by using the faxback service an 0891 444791 (premium rates apply).

Internet users can catch up by accessing the dotpharmacy site (<http://www.dotpharmacy.com>).

The Pharmacy Update multiple choice questionnaire and telephone marking service is supported by Genus Pharmaceuticals.



Glover gets second term as president

Edinburgh pharmacist Christine Glover has been elected unopposed for a second term as president of the Royal Pharmaceutical Society until June 2001. Marshall Davies, the vice president, was also returned unopposed for a further year.

However, David Allen has deposed the incumbent treasurer, Gordon Applebe, by 14 votes to nine.

Comments invited on CPG review

There is to be an independent review of the Royal Pharmaceutical Society's Community Pharmacists' Group to consider how the group's aims can best be met.

This will assess the extent to which the group:

- provides value for money
- fosters the special interests of community pharmacists
- provides a channel for their representation
- provides specialist expertise and policy ideas
- allows the Society to respond flexi-

bly to the needs of emerging groups within the profession

- complements existing structures, with minimum duplication.

Sir Duncan Nichol, honorary professor, Manchester Centre for Healthcare Management and former chief executive, NHS Management Executive, will conduct the review. Comments from group members are invited by June 30 and should be sent to the Centre at the University of Manchester, Devonshire House, University Precinct Centre, Oxford Road, Manchester M13 9PL (e-mail janine.may@man.ac.uk).

Wise up to Chemex 2000 at Knebworth

Exhibitors who want to make the most of the many opportunities which are on offer at Chemex 2000 are invited to a special Exhibitor Wise Workshop.

The half-day meeting is being held at Knebworth Estates, near Stevenage in Hertfordshire, on June 21.

The workshop gives exhibitors the chance to meet the organisers of Chemex 2000. The programme offers advice on promotions, organisation and logistics and is designed to help exhibitors plan their activities both before and at the show, enabling them to make the most of their investment by maximising their opportunities.

The Chemex team will be on hand to answer individual queries and offer their advice and there will be a chance to meet Patrick Grice, editor of *Chemist & Druggist*, who will talk about the editorial opportunities available.

For information about the Exhibitor Wise Workshop or stand availability, call Simon Page on 01732 377256.

Scottish Drug Enforcement Agency set up

The Scottish Drug Enforcement Agency has started operations from June 1 with a £10 million budget for its first two years.

The SDEA is launching a national anti-drugs campaign together with Scottish police forces and Crimestoppers, and will be developing a Scottish database to collate information from other enforcement agencies.

Posters urging members of the public to report suspected drug dealing have been distributed. Also, 100 additional police officers will be funded by the SDEA to work in all Scottish police forces.

Three key tasks for the agency are to strengthen overall enforcement effort, increase activity to prevent drugs coming into Scotland and "disrupt and dismantle" drug distribution networks.

One of the first tasks for the SDEA was for director Jim Orr to appoint Phil MacDonald as deputy and Matt Hamilton as National Drugs Co-Ordinator. The latter will work closely with the forthcoming Scottish Executive's Prevention and Effectiveness Unit.

Society names new fellows

The Royal Pharmaceutical Society has named a new set of fellows of the Society. For distinction in the profession of pharmacy:

● Ralph Stephen Harris, a main board director of Medeva from 1990-95 with responsibility for Evans Healthcare

● Andrew Hersom, quality development manager for global pharmaceutical R&D at Reckitt & Colman Products in Hull

● Sheila Kelly, director of the Proprietary Association of Great Britain

● Colin Ranshaw, chairman of the Welsh executive of the RPSGB

● David John Reid, a community pharmacist and member of the South Essex Health Authority Pharmacy Strategy Group

● John Patrick Shaw, chair of pharmacy at the University of Auckland

● Ben Zatland, currently chairman of the National Pharmaceutical Association

For distinction in the science and practice of pharmacy:

● Judith Cantrill, joint clinical senior lecturer at the School of Pharmacy and Pharmaceutical Sciences and National Primary Care Research & Development Centre at the University of Manchester

For distinction in the science and profession of pharmacy:



Sheila Kelly

● Stephen Denyer, head of School and professor of pharmaceutical and applied microbiology at the School of Pharmacy and Biomolecular Sciences at the University of Brighton



Colin Ranshaw

For distinction in the practice and profession of pharmacy:

● David Eric Hands, the regional drug information pharmacist at Southampton.

Disgraced surgeon also a pharmacist

Disgraced gynaecologist Rodney Ledward is practising as a locum pharmacist in the Irish Republic. He is also on the register in Great Britain.

Mr Ledward was struck off the Medical Register in 1998 after being found guilty of bungling 13 operations on women. He registered as a pharmacist in Britain in 1960, and in Ireland in March last year. The Royal Pharmaceutical Society is not aware of Mr Ledward having recently practised in Britain.

The Society has contacted the Department of Health to access the enquiry report on Mr Ledward. It "will want to consider what bearing his previous conduct as a surgeon, and the findings of this report, have on his registration as a pharmacist in Britain".

Under the Society's Code of Ethics pharmacists must not accept any professional employment unless they have substantial experience within the last five years, or have undertaken training to ensure current competence.

Travel health awareness scheme is launched

A national campaign to make the public more aware of the need to take health precautions when travelling was launched last week.

The main thrust of the 'Ticket for health' campaign is for travellers to seek medical advice at least eight weeks before travelling. Those travelling to at risk areas should be vaccinated against hepatitis A and C and typhoid as a minimum. It is also warning of dangers such as increased risks of accidents, traveller's diarrhoea, bites and stings, and sun awareness. The likelihood of contracting hepatitis B or HIV through contaminated blood or surgical equipment, is highlighted, as is the risk of contracting those or other diseases through sexual contact.

Leaflets are being distributed through travel agents and health centres. Community pharmacies may be involved next year. However, the information aimed at the public and the media includes advice to consult a community pharmacist about what to include in a travel health kit.

'Ticket for health' is being promoted by the Association of British Travel Agents and the Primary Care Virology Group, with support from SmithKline

Beecham. At the launch, ABTA head of corporate affairs Keith Betton accepted that the cost of vaccines and other medication, such as anti-malarials, was a disincentive to uptake. However, he said ABTA would be prepared to lobby the Government on pricing.

Dr Jane Zuckerman, director of the Royal Free Travel Centre, London, agreed that cost is an issue and that there needs to be some standardisation in fees. However, people can afford both to travel and travel insurance, so the best approach is to make sure that the health advice is tailored to the needs of the individual traveller.

Dr Zuckerman was concerned that media scares about adverse effects of mefloquine (Lariam) had affected uptake of malarial prophylaxis. Travellers had stopped taking anti-malarials in general with an increase in malaria cases in the UK. She added she would welcome pharmacists' help in raising awareness of travel health implications.

Among the travel health statistics highlighted by ABTA are:

● An estimated 5.4 million UK adults visited an area classified as at-risk for hepatitis A or B or typhoid

● Some 51 per cent of travellers to at-

risk destinations claimed to have been unprotected on their last trip

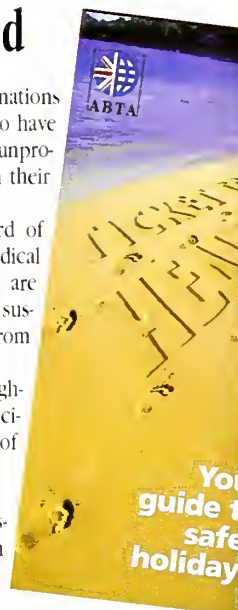
● A third of all medical problems are injuries sustained from accidents

● The highest incidence of sexually transmitted diseases is in the 15-24 age group, while

three quarters of heterosexually contracted HIV is attributable to sex abroad

● Two thirds of risk travellers failed to seek any advice regarding travel health prior to their last trip

● For every planeload of 333 unprotected holiday makers returning from a country with a risk of hepatitis A, one will have the disease.



Hospitals struggle with 'extemp' dispensing too ...

The peppermint water case has rarely been out of the press in the past few months. Many people have made the point that, within hospital pharmacies, a double check of formula and measurements is always carried out. At least one check must be by a pharmacist.

This frequently gives rise to a rose-coloured view of extemporaneous preparation within hospitals. However, the problems faced by hospital pharmacists are similar to those in the community. There is a sad lack of numeracy among younger members of staff, be they technicians or pharmacists.

Many are unable to even guess in what range the correct answer lies without the use of a calculator. The reliance on this means they are unable

"How many younger pharmacists could make a suppository or a powder?"

to judge if they have miskeyed and put the decimal point in the wrong place.

The formulae for 'extemp' preparations can be difficult to obtain. Most hospital pharmacies retain old copies of Martindale and the British Pharmaceutical Codex for this reason.

How many of these formulae have been lost over the years as extemporaneous manufacture is centralised into the hospital production units, or produced by specials manufacturers?

How many skills have been forgotten in the same way? How many younger pharmacists could make a suppository or a powder? Both of these are still made fairly regularly up and down the country - but only in a limited number of pharmacies.

We are in danger of losing the very skills on which our profession was founded. Clinical pharmacy is seen by many as the "be all and end all". Other skills are unimportant.

I would contend that in order to be fully effective as a clinician and drug expert, you need to know about the drugs and their formulations. Not just the ones which are available off the shelf, but those which are available by hospital extemporaneous manufacture. How else can you be sure that you are always giving the patient the most appropriate formulation?

Contributed by a senior hospital pharmacist

Xrayser

Topical Reflections

If I can file it, it won't work!

I was intrigued to look at the CD-Rom from Sara Lee, promoting Brylcreem, attached to the cover of this month's *C&D Price List*. This is the first time that I can recollect a company using this particular method of promotion, and despite the sticky mess it has left on the front cover, ten out of ten for initiative.

For me, the contents of the CD were nothing spectacular, since most of my Brylcreem sales have already fled to the local supermarket, but as a communication tool this is yet another example of the electronic revolution.

Immense amounts of complex information can now be quickly and cheaply made available, but the real problem is that to access this requires both time and discipline, and in my busy life both are in short supply.

For continuing professional development electronic interactive learning material will suit me fine, but if the CD-Rom is going to replace the company rep, I want nothing of it.

No, give me that smiling knight of the road because I welcome his or her information and the flexibility to wheel and deal. I enjoy the cut and thrust of business and masochistically I work best under pressure, having to instantly change my work priorities to meet the next challenge.

I find it all too easy to file under 'pending' those things that do not demand attention and, however sophisticated and comprehensive the electronic information, it is far too easily ignored.

A PR exercise to justify decisions already made ...

Well, I did fill in my NHS survey form to help formulate the National Plan, as requested by that nice Mr Milburn, and like the dedicated health professional that I am, I also encouraged members of the public to participate. However, the universally-held opinion is that this is a highly expensive PR exercise designed to justify political decisions that have already been made.



Hammer the consultants, pamper the nurses and ignore the pharmacists is a plan that will have popular appeal. In all this jockeying for strategic advantage, the doctors already have enough clout to survive, the nurses know they are Blair's darlings and are certainly not wasting a minute, but pharmacists are treated as an irrelevance by almost everyone.

And this was confirmed by a straw poll of hospital staff opinions conducted by the *Guardian* and published on Thursday, June 1. There, in high profile, were the words of wisdom of a consultant, a junior doctor, a staff nurse, a porter and a pharmacy technician!

However, I am optimistic to the end and did ask for a response on the leaflet I completed.

I expect to receive the usual political mix of sanctimonious thanks and anodyne encouragement, but of constructive reply, no more than I did from the much vaunted, ignored and now historical Frank Dobson autumn strategy consultation.

When it pays not to care

On the face of it, the success reported in a recent study into pharmacist medication review of patients in nursing homes is a resounding endorsement of the pharmacist's

extended role (*C&D* June 3, *Medical Matters*). However, the study reported in the *British Journal of Psychiatry* did not say within which branch of the profession the pharmacists practised.

Ideally, medication management and review should be undertaken by the practitioner responsible for the every day care of the patient, and pharmaceutically that should be the community pharmacist.

It is role in which I would like to be involved but I will cut my own financial throat when, by improving patient care, I reduce my own dispensing income.

Offered the opportunity, most community pharmacists will similarly decline but, ironically, universally applied successful medication reviews would improve the lot of the average contractor by reducing the overall number of prescriptions dispensed from the same global sum.

If all things were equal we would all win - patients, doctors, the NHS and pharmacists - but the contradictions of our present contract prevent such improvements in patient care. Our antiquated and fatally flawed remuneration arrangements prevent advances in practice.

But if they were changed to properly harness pharmaceutical skills they could achieve more for patient care than the current supply side income will ever achieve.

New public health agency launched

The Health Development Agency has been launched to tackle health inequalities as well as provide an evidence base for public health.

One of its key tasks will be to set up a database-driven website giving details of effective ways to improve public health. Evidence Base 2000 will concentrate initially on the targets set out in the 'Our Healthier Nation' White Paper covering cancer, coronary heart disease and strokes, mental health and accidents. However, the next stage will provide an interactive network for cross-sectoral working.

Other functions of the HDA will include:

- Providing guidance on translating evidence into practice
- Maintaining the skills of those working to improve public health
- Developing standards and tools to monitor results
- Providing resources for local working.

There is a budget of £10 million for the first year of operation. Other plans already in place include:

- to develop a website on ethnic minority health
- to provide reviews of progress on health improvement programmes
- to provide 'toolkits' on older people for PCGs, PCTs and others in aid health impact assessment and provide planning
- to provide guidelines on developing community health clinics, in places such as pubs and leisure centres.

There has been some criticism that some of the work of the now disbanded Health Education Authority, in particular, the sun awareness campaign, has been lost. However, the Agency will continue to operate the National HIV/AIDS Prevention Information Service, and monitor other areas such as local interventions to stop smoking.

The new agency's address is Trevelyan House, 30 Great Peter Street, London SW1P 2HW (tel: 020 7222 5300, fax 020 7413 8900) or www.bda-online.org.uk

EHC popular in south London

The availability of emergency hormonal contraception from pharmacies in Lambeth, Southwark and Lewisham Health Action Zone is proving popular with local women (C&D, April 8, p4).

An informal survey after the first month of the pilot found that about 250 women had used the service.

HAZ spokeswoman Abigail Bennett commented: "We are pleased with the results so far. There is still adequate provision in the budget for a further 12 months."

Researchers get 'dangerous medicines' via the internet

Potentially dangerous prescription drugs are being sold over the internet, claims a Consumers' Association report.

Health Which? researchers posing as internet customers were able to obtain Viagra and Xenical when they should have been refused the drugs because of their medical history.

One researcher, who claimed he was taking isosorbide mononitrate and atenolol after a heart attack, obtained Viagra from the internet site www.directresponsemarketing.co.uk even though the site itself warned that Viagra must not be taken with nitrates.

The magazine's experts - two GPs and a pharmacist - said the sale should have been refused because of the nitrate therapy and the customer told

the beta-blocker might be contributing to his impotence. One US site charged a total of £170 for ten 100mg Viagra, which included £55 for the consultation and £31 for shipping.

Five sites supplied Xenical to a researcher posing as an overweight but otherwise healthy man with a body mass index of 28. The drug is licensed in the UK for people with a BMI of 30 and may be considered for those with a BMI of 28 if there are other risk factors. The experts felt that drugs should never be the only element of an anti-obesity regime and criticised the way none of the sites tried to get adequate details of his diet.

The researchers visited five sites for medical consultations. Most online doctors gave the right advice, although

one (www.cyberdocs.com) prescribed a brand of antihypertensive not licensed in the UK.

In all, four researchers made 20 visits to 15 different sites.

This month's *Health Which?* advises readers:

- Choose a UK rather than a foreign site as it will be governed by UK law and doctors should be registered with the General Medical Council.
- Ensure the site has a contact address and phone number, not just an e-mail address.
- Avoid any online consultation that doesn't take a thorough medical history and ask lots of questions.
- Consult your doctor before taking any drugs prescribed for the first time.

Pharmacist who stole 'under pressure' restored to register

A pharmacist struck off for stealing goods worth £3,300 from his employers, has been restored to the register.

Mahesh Prabhu, of Portsmouth, had been given 200 hours community service by Portsmouth Crown Court, on August 27, 1996, and was struck off after a Statutory Committee hearing on January 20, 1998.

Geoff Hudson, for the Royal Pharmaceutical Society, told the Committee that Mr Prabhu had been

under pressure from his family to succeed and had believed buying a house was part of this. He was approached by a third party and was paid for the stolen goods. He has since repaid the total sum to his former employer.

Mr Prabhu had told the 1998 hearing that he was the eldest son and his father wanted him to follow in his footsteps. "He is not only a GP but a qualified surgeon, trying to follow that is very difficult," he had said. "I was very

close to getting into medicine ... I did feel quite a failure."

Announcing his restoration, the newly appointed committee chairman, Lord Fraser QC, said this occurred a considerable time ago but "we cannot escape the fact you were dishonest to your employer after a relatively short period. Nevertheless you should be very well aware if you appear here again you're unlikely ever to get the chance to practice again."



Lloydspharmacy has hosted a 'First year of practice' conference for over 60 newly qualified pharmacists. The two-day event included workshops, training and discussion sessions, as well as presentations from key industry professionals. Lloydspharmacy pharmacy director Andy Murdock commented: "The programme was devised to specifically suit the needs of a newly qualified pharmacist. It offered the opportunity for pharmacists to reflect on their first few months of practice and discuss their experiences with peers." Participants are pictured outside the Bedfordshire venue



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DON'T HAVE TO BE BRAVE
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ZirtekTM
ALLERGY cetirizine

NOTHING HITS HAYFEVER HARDER

Zirtek provides fast, effective relief from hayfever symptoms and has no known drug interactions.

ALLERGY

INDICATIONS: White, oblong, scored, film-coated tablet engraved Y/Y containing 10mg cetirizine hydrochloride.

Treatment of seasonal and perennial rhinitis and chronic idiopathic urticaria.

DOSE AND ADMINISTRATION: Adults and children aged 6 years and over:

5 mg (½ tablet) once daily. In renal insufficiency halve the dose to 2.5 mg (¼ tablet) daily.

CONTRAINDICATIONS: Hypersensitivity to constituents. Avoid use in pregnancy and lactation.

WARNINGS: Do not exceed recommended dose, particularly if driving or operating machinery.

INTERACTIONS: To date there are no known interactions with other drugs. As with other antihistamines avoid excessive alcohol consumption.

SIDE EFFECTS: Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort have been reported.

PACKING, PRICE: Pack of 7 tablets = £4.25 Retail.

LEGAL CATEGORY: P

PRODUCT LICENCE NUMBER: Tablets 5221/0001.

MARKETED BY: UCB Pharma Limited, Watford, Herts, WD1 8UH.

For further information please contact: UCB Pharma Limited, UCB House, 3 George Street, Watford, Herts, WD1 8UH.

Telephone (01923) 211811. Facsimile (01923) 229002.

Date of preparation: March 2000

UCB-Z-00-04

 **Pharma**

Medical matters



IN BRIEF

Econac suppositories launched
Goldshield has launched Econac 100mg suppositories (diclofenac sodium). The basic NHS price for a pack of ten is £3.04.

Goldshield Healthcare Ltd.
Tel: 020 8649 8500.

Co-danthramer amended

Nopp, in line with other manufacturers of danthron-containing laxatives, has amended the indication of co-danthramer suspensions and capsules. These preparations are now indicated solely for the management of constipation in terminally ill patients of all ages.

Nopp Pharmaceuticals Ltd.
Tel: 01223 424444.

Novartis to distribute Bi-Aglut

Novartis is taking over the distribution of Bi-Aglut range of gluten-free foods. The re-launch will be supported with a campaign that includes information for coeliac sufferers, demonstrations to Coeliac Society groups, and a new web site – www.biaglut.co.uk

Novartis Nutrition Ltd.
Tel: 01923 266122.

Furamide goes generic

Furomide (dilozone) 500mg tablets have been discontinued. They have been replaced with generic dilozone 500mg tablets. The basic NHS price for a pack of 30 is £29.95.

Savereign Medical.
Tel: 01268 535200.

Roche launches diabetes site

Roche Diagnostics has launched a website aimed at pharmacists and their diabetic patients: www.gluco-trend.co.uk The site offers information on ongoing initiatives in diabetes management and an Roche's range of blood glucose monitors.

Roche Diagnostics Ltd.
Tel: 01273 480444.

Janssen-Cilag pack changes

The pack sizes for Rapifen (alfentanil), Sublimaze (fentanyl), and Hypnomidate (etomidate) will all change from 10ml x 10 ampoules to 10ml x 5 ampoules in early August. New basic NHS prices will be £16.55, £5.57 and £7.88 respectively.

Janssen-Cilag Ltd.
Tel: 01494 567567.

Adalat LA equal to diuretics

Adalat LA has been shown to be as effective as combination diuretic therapy in reducing cardiovascular morbidity and mortality.

The INSIGHT (International Nifedipine Intervention as a Goal in Hypertension Treatment) study is the first prospective, double blind trial to compare 'newer' antihypertensive therapies against 'older' drugs.

The study group was particularly significant because all participants had at least one other major cardiovascular risk factor. In addition to a blood pressure higher than 150/95mmHg, they all had one of dia-

betes, a smoking habit, hypercholesterolaemia, or target organ damage. Almost half had two or more of these additional risk factors.

Over 6,500 patients aged 55-80 years were randomly assigned to either Adalat LA 30mg once daily or the diuretic combination of hydrochlorothiazide 25mg and amiloride 5mg once daily. This was followed by four additional increases in treatment – double dosing of the primary drug, addition of atenolol (25mg or 50mg) or enalapril (5mg or 10mg), and then addition of any other antihypertensive excluding calcium channel

blockers and diuretics. After achieving a BP of 140/90mmHg, patients were followed for three years.

There was no significant difference between Adalat and the diuretic in reducing cardiovascular and cerebrovascular morbidity and mortality (12.1 per cent and 12.5 per cent respectively). In both groups, mean BP was reduced from 172/99 to 139/81 mmHg. The serious adverse event profile was lower in the Adalat group (25.2 per cent compared to 27.8 per cent). The results were due to be presented at the European Society of Hypertension meeting last week.

Copaxone recommended for UK approval

Copaxone (glatiramer acetate) has been recommended for approval for the treatment of relapsing-remitting multiple sclerosis.

Glatiramer acetate is an MS specific immunomodulator and represents a new class of disease modifying treatment. It significantly reduces the number of relapses in patients with RRMS and reduces disease activity (acute inflammation) and burden of disease (permanent neurological damage). It has been used worldwide in over 24,000 patients.

The drug is already approved in 18

other countries. Teva Pharmaceuticals is developing an oral formulation and conducting a major clinical trial investigating the use of injectable glatiramer in the primary progressive stage of MS.

Professor Lance Blumhardt of the University of Nottingham said: "Glatiramer acetate, with its proven clinical benefits and excellent patient tolerability, represents a significant addition to treatment options for people with RRMS. It also offers an important choice for people who fail with beta interferons or who cannot tolerate their side effects."

Children not eating enough greens

One in five children ate no fruit at all during the week of a study by the Department of Health and the Food Standards Agency.

The national survey of 1,700 young people aged 4-18 years looked at their food consumption, nutrient intake, physical measurements, nutritional status and socio-demographic characteristics. It found that, on average, children are eating less than half the recommended daily amount of five portions of fruit and vegetables.

Young people are eating too much salt. Energy gained from carbohydrate has increased, that from fat has declined.

Intakes of most vitamins and some minerals are above recommended levels. About 10 per cent of young people take vitamin and mineral supplements, mainly vitamins A, C and D, and multi-vitamin and multimineral preparations. Ten per cent of 15-18 year old

girls claimed to be vegetarian or vegan, and 16 per cent of this group were dieting to lose weight.

Work on a national plan for the NHS is considering how to raise fruit and vegetable consumption among children.

● About a third of children aged two to seven are not meeting recommended activity guidelines, according to a British Heart Foundation report. The survey revealed that over a quarter of 11-16 year-olds watch more than four hours' television a day. Children are getting fatter because they are taking less exercise. The number of obese six year-olds has doubled over the last ten years.

The report is part of a 'Get kids on the go' campaign to coincide with British Heart Week 2000. The BHF is offering free leaflets on how to encourage children to be more active. Copies are available on 0870 6006566 or from www.bhf.org.uk

Teenage smoking declines

Smoking is declining among 11-15-year-olds, but drug use has increased slightly, according to the Office for National Statistics.

The proportion of children who were regular smokers (defined as smoking at least one cigarette a week) fell significantly from 11 per cent in 1998 to 9 per cent in 1999. The 1996 figure was 13 per cent. However, in light of fluctuations in smoking behaviour since 1982, the ONS is not predicting that these figures will remain the same or continue to fall.

Boys are less likely than girls to be regular smokers, and there is a sharp increase in prevalence with age. Only one per cent of 11-year-olds smoke regularly, but this increases to almost a quarter among 15-year-olds.

The survey of more than 9,000 pupils in about 340 schools in England revealed an insignificant increase in drug use among these pupils between 1998 and 1999.

Cannabis was by far the most likely drug to have been used, 11 per cent of 11-15-year-olds had used it in the last year. The next three most commonly used substances – glue, gas and popper – had each been used by only 2 per cent of pupils. Only 1 per cent of 11-year-olds had used cannabis, but 28 per cent of those aged 15 had used it in the last year.

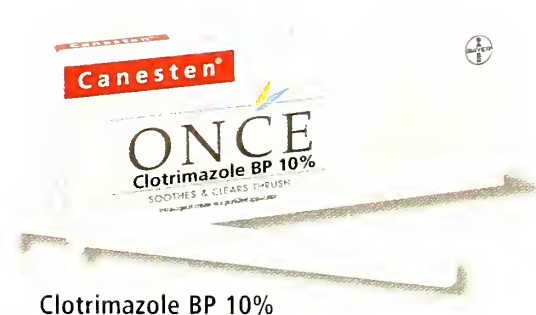
There was no change in the proportion of children who had had an alcoholic drink in the previous week – 2 per cent. The figure was 6 per cent for 11-year-olds, rising to 45 per cent among 15-year-olds.

When women
simply
prefer cream.



Canesten Once delivers efficacy with
a single cream application.

With its easy-to-use applicator, Once gets to work **internally** at
the site of infection to clear thrush quickly. Most women with thrush
prefer a cream treatment,¹ so recommend one that also delivers the
efficacy they expect from a single dose – Canesten Once.



What can clear thrush fast? Canesten can.

Product information: Canesten[®] Once contains clotrimazole 10% w/w. **Indications:** Treatment of candidal vaginitis. **Dosage and Administration Adults:** Insert the contents of the filled applicator (5g) intravaginally. **Children:** Paediatric usage is not recommended. **Contra-indications:** Hypersensitivity to clotrimazole. **Warnings and Precautions:** A physician should be consulted if this is the first time the patient has experienced symptoms of candidal vaginitis or if any of the following are applicable: more than two infections of candidal vaginitis in the last six months; previous history of or exposure to partner with a sexually transmitted disease, pregnancy or suspected pregnancy, aged under 16 or over 60 years; known hypersensitivity to imidazoles or other vaginal antifungal products. Medical advice should be sought if the patient has any of the following symptoms: irregular vaginal bleeding, abnormal vaginal bleeding or a blood-stained discharge, vulval or vaginal ulcers, blisters or sores; lower abdominal pain or dysuria, any adverse events such as redness, irritation or swelling associated with the treatment, fever or chills, nausea or vomiting, diarrhoea, foul smelling vaginal discharge. If no improvement in symptoms is seen after seven days, the patient should consult their doctor. This product may damage latex contraceptives therefore patients should use alternative precautions for at least five days after using the cream. **Side-effects:** Rarely, local mild burning or irritation immediately after use. Hypersensitivity reactions may occur. **Use in Pregnancy:** Only when considered necessary by a physician. Take extra care when using the applicator to prevent the possibility of mechanical trauma. **Cost:** £7.49. **MA Number:** PL 0010/0136. **MA Holder:** Bayer plc, Consumer Care Division, Newbury, Berkshire RG14 1JA. **Legal Category:** P. **Date of Preparation:** December 1999. **Reference:** 1. Data on file, U&A Study October 1997.



Counterpoints



Click on to pollen forecast service

Warner Lambert Consumer Healthcare's Benadryl Allergy Relief is sponsoring a new on-line pollen forecasting service.

The service is designed to help sufferers cope with hayfever and enable pharmacists to plan ahead and advise customers. Available at www.allergyadvice.co.uk it offers four-day pollen forecasts, claimed to be 85 per cent accurate, twice a week. Previously, pollen counts have only indicated the severity of pollen for the current day.

The service also offers useful information about hayfever and other allergies, advice on treatment and a competition draw to win a balloon flight over London in the Benadryl hot air balloon.

Warner-Lambert Consumer Healthcare.

Tel: 023 8064 1400.

Stronger image for Solpadeine

SmithKline Beecham Consumer Healthcare is relaunching its Solpadeine pharmacy only analgesic with a new look from mid-June.

The packaging will feature the wording 'pharmacy formula' to reinforce the brand's point of purchase and support for pharmacy.

It emphasises the products' strength and encourages consumers to actively seek Solpadeine. Eye-catching new graphics help to differentiate the brand's variants. A body graphic is used on Solpaflex to

reflect its specific benefits for muscle and joint pain.

Solpadeine Max has been aligned more closely to its parent brand with the same red colouring distinguished by black sub-branding.

The relaunch will be supported by a £3.2 million multi-media campaign, including TV, from August to November.

SmithKline Beecham Consumer Healthcare.



Tel: 020 8560 5151.

Oral spray offers instant snoring relief

Passion For Life Products is launching a new oral spray designed to reduce snoring noise. Snoreeze spray is formulated to coat the soft tissues at the back of the throat to reduce the

vibrations that cause snoring noise. Containing natural oils and vitamins, it has a liposome base and is claimed to last for up to eight hours.

Snoreeze, which replaces Snorenze

spray, comes with a money-back guarantee. Retail price is £12.95 for 60ml (four weeks supply). It will be backed by a £250,000 radio campaign until September.

Passion For Life Products Ltd.

Tel: 020 7731 7333.

Hay Fever Monitor

Benadryl

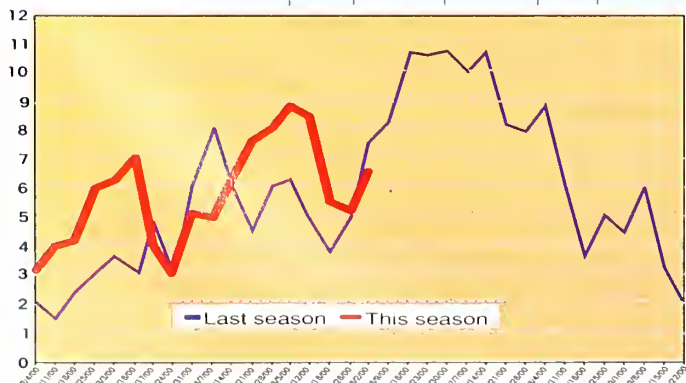
ALLERGY RELIEF

(contains acrivastine)

No non-drowsy allergy tablet works as fast

- Hay Fever**
- Dust Allergy**
- Pet Allergy**
- Skin Allergies**

United Kingdom	Pollen level this week	Same week last season	Predominant pollen this week	Status	No. of weeks on status
BIRMINGHAM	4.4	7.7	Grass	Pre-alert	1
BRISTOL	4.2	6.6	Grass	Pre-alert	1
GLASGOW	4.6	5.6	Grass	Pre-alert	7
LEEDS	5.8	6.6	Grass	Pre-alert	1
LONDON	5.1	8.7	Grass	Pre-alert	1
MANCHESTER	5.8	7.6	Grass	Pre-alert	1
NEWCASTLE	6.3	7.0	Grass	Alert	6
NORWICH	6.2	8.0	Grass	Pre-alert	1
PLYMOUTH	4.4	8.5	Grass	Pre-alert	1



Further information is available from the licence holder by writing to: Warner-Lambert Consumer Healthcare, Chestnut Avenue, Eastleigh, SO53 3ZQ. P

It's a family affair for Savlon

Novartis is supporting its Savlon Activheal range of plasters and dressings with a £750,000 advertising campaign from July to October.

Targeted at families with children, advertising will appear in key

consumer magazines including the *Radio Times*, *BBC Gardener's World*, *Country Living* and the *Telegraph* and *Guardian* colour supplements.

Novartis Consumer Health.

Tel: 01403 210211.

Breathe Right targets hay fever sufferers

Ceuta Healthcare is relaunching its Breathe Right nasal strip brand, which is known as a sports and anti-snoring aid, in time to capitalise on the hayfever season.

By repositioning the brand as a general nasal decongestant, the manufacturers, CNS Inc, hope to appeal to consumers of all ages and sexes who suffer from colds and allergies.

The product has already been successfully relunched in the US.

A new 'Clear' version of the nasal strip is designed to appeal to female users.

The nasal strips are available in Clear and Original colours and in two sizes - S/M and L. Retail price is £5.99 for ten.

The brand will be supported with a £750,000 TV campaign in the autumn.

Ceuta Healthcare.

Tel: 01202 780 558.



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UniChem Ltd., UniChem House, Cox Lane, Chessington, Surrey KT9 1SN Tel: 0181 391 2323.

L'Oréal launches Special FX styling toolkit

L'Oréal is launching Special FX Studio Line, a new range of hair styling products.

The 'styling toolkit' offers three different styling effects - Radical, Out of bed, and Straight.

Radical gel extreme fixing fibre gel is suitable for short to mid-length hair. Its 'glue-like' texture allows moulding, scrunching and chunking into the desired style.

Out of bed long lasting messed up effect fibre putty is a white styling crème with fibres. It provides a soft hold with a matt finish and is particularly suitable for short hair.

Straight lasting sleek effect anti-frizz smoothing milk is suitable for women with medium to long hairstyles. The light, non-greasy formula contains straightening agents for a long lasting smooth effect, while retaining natural hair movement.

The launch is being supported with £1.2 million of press and Internet advertising.

All three products retail at £3.49. Radical gel comes in a 100ml tube. Out of bed putty is in a 150ml pot. And Straight milk comes in a 150ml pump bottle.

L'Oréal Group UK.
Tel: 020 8762 4000.

Natural aromatherapy aids offer relief

SwissHealth is extending its Aromacard range with two new natural aromatherapy aids.

Aromacard Breathe is formulated to offer natural relief to those who suffer from blocked nasal passages or have an uncomfortable and stuffy feeling. The product is being

wish to resort to traditional painkillers.

The manufacturers say the products stimulate instantly without side effects. For maximum benefit, it is recommended to inhale slowly and deeply four to six times through each nostril, then wait five minutes



introduced to coincide with the summer hayfever season.

Aromacard Headease is designed to help reduce cranial discomfort in the brow or temple area. The product is aimed at people suffering head pain or tension who do not

and repeat if necessary.

Retailing at £7.95, both new products come in pocket-sized snap and seal cassettes and last for up to 60 days.

Trinity Sales & Marketing.
Tel: 01483 225691.

Autumn debut for Cerruti scent

Parfums International will launch a new fine fragrance for women in the UK on October 1.

Cerruti Image Woman is a green, spicy, aromatic, feminine fragrance that has been created by the House of Cerruti.

The fragrance has vibrant top notes of crushed leaves, grapefruit and pimento with tangy heart notes of water mint, gentian root and carbon and sensual base notes of leather, amber, blond wood and birch bark.

The range comprises three sizes of edt spray, perfume purse spray and refill, bath and shower gel, body lotion and natural deospray.

The fragrance is presented in a rounded bottle combining polished and frosted metal and glass. It is engraved with the fragrance philosophy 'inspiration, creativity, optimism, vision, future' in five languages. The terracotta-coloured carton repeats the scrolled ribbon of scripted words.

A press and TV campaign will support the launch; the campaign uses theme 'the woman and the flower' to combine nature and the city.

Retail prices range from £12 for a 7.5ml perfume purse spray refill to £38 for a 75ml edt spray.

Parfums International Ltd.
Tel: 0207 574 2700.

All up top if you give it a whirl

Comby is introducing a new American hair accessory into the UK.

Whirl-a-Bun allows the user to quickly create a classic bun, French twist and other individual styles.

Made from Santoprene (a man made combination of rubber and plastic), the product is designed to be firm enough to hold a style for long periods without tearing or damaging the hair.

The user pulls the hair through the slit, twists it up and snaps the two ends back together. No hairgrips are required.

Whirl-a-Bun is available in several natural colours and in three sizes - Large for creating buns and French twists with long or thick hair, Small for shorter hair or thin hair and Mini for a trendy individual look.

A PoS stand is available for in-store use.

Retail prices are £3 for Large, £4 for Small (pack of two) and £5 for Mini (pack of three).

A range of decorative fastenings is also available.

Comby (London) Ltd.
Tel: 020 8830 0345.

Keeping pharmacy staff one step ahead

Activa Healthcare and Cuxson Gerrard (Carnation footcare) have jointly produced a footcare training resource for pharmacists and pharmacy assistants.

A training manual covers all the main topics of footcare and foot health. This includes foot health, corns, callouses, blisters, bunions, athlete's foot, verrucas, tired aching

feet and toe problems.

New sections will be added over the coming months.

The Activa Healthcare training force is available to give advice as well as run seminars or workshops in various aspects of footcare.

Activa Healthcare Ltd.
Tel: 01283 540957.

Philips kicks off with Euro 2000 campaign

Philips is supporting its Philishave Cool Skin electric shaver with a heavyweight national TV campaign during the Euro 2000 European football championships.

The special campaign features a new Euro 2000 edition of the successful Cool Skin commercial. It will run from June 12 until mid July.

Philishave Cool Skin is an official sponsor of Euro 2000 and football fans can log on to Philishave Cool Skin's dedicated Euro 2000 web site

www.fansfriend.com for information about the matches to be played, competitions and all the fun of the tournament.

Eye-catching Philishave Cool Skin Euro 2000 PoS material includes wobblers, on-

pack stickers and posters.

Philips.
Tel: 020 8689 2166.





No non-drowsy allergy tablet works as *fast*

Every minute counts for hayfever sufferers. That's why Benadryl Allergy Relief should be your number one recommendation. Benadryl is active in 15 minutes, bringing unsurpassed speed of action. So from now on make Benadryl your fast thought for rapid action.

Why make your customers wait any longer?

Benadryl
ALLERGY RELIEF



HAY FEVER	✓
DUST ALLERGY	✓
PET ALLERGY	✓
SKIN ALLERGY	✓

Contains Acrivastine

Presentation: Capsules containing 8mg Acrivastine. **Uses:** Allergic rhinitis and allergic skin conditions. **Dosage:** Adults and children over 12: one capsule up to 3 times a day, not for use in the elderly (over 65 years). **Contra-indications:** Hypersensitivity to Acrivastine or Triprolidine or renal impairment. **Precautions:** It is usual to advise patients not to undertake tasks requiring mental alertness while under the influence of alcohol and other CNS depressants. Caution during pregnancy. **Side effects:** Reports of drowsiness are extremely rare. **Price (ex VAT):** 12s £3.46, 24s £6.01. **Legal category:** P. **Licence holder:** Warner Lambert Consumer Healthcare, Chestnut Avenue, Eastleigh, S053 3ZQ. **Product licence number:** 15513/0035. **Date of preparation:** March 2000.

Pregnacare focuses on nutrients during pregnancy

Vitabiotics is promoting its Pregnacare pregnancy supplement by launching a new education programme for midwives and health visitors.

The initiative focuses on the importance of specific nutrients during pregnancy and will take place through the Educator Resource Programme which is operated by Bounty.

Educational seminars for midwives and health visitors will be held throughout the UK.

Copies of the educational materials used in the seminars are available free for pharmacies.

Vitabiotics Ltd.

Tel: 020 8902 4455.

Special pack makes great shavings

Gillette brands Duracell Ultra and Braun are combined in a special edition pack for summer - a peak selling time of year for both products.

The special pack contains 12 Duracell Ultra AA cells together with a Braun Pocket Twist shaver. It retails at £15.99.

● The Duracell range of speciality batteries has been relaunched to simplify self-selection.

Clear colour coding and graphic icons identify the type of appliance each battery fits - photo, watch, security or electronic.

The battery size is shown boldly and each pack gives a clear cross-reference to previously used battery sizes for replacement of



existing used batteries.

Gillette (UK) Ltd.

Tel: 020 8560 1234.

Fresh look for TCP Liquid Antiseptic



Pfizer Consumer Healthcare will introduce a new look for its TCP Liquid Antiseptic from July.

The brand will be presented in new shaped bottles that are designed to be more robust and stable on shelf.

In addition, the bottles have a tamper evident cap for increased safety, especially for children.

Retail prices are £1.39 (50ml), £1.89 (100ml) and £2.65 (200ml).

Pfizer Consumer Healthcare.
Tel: 01420 84801.

New concept in herbal sales drive

Herbal Concepts has appointed AHA Sales Services to handle sales and marketing of their herbal remedies range into pharmacy and health food shops.

The AHA salesforce - Synergy Healthcare - is planning a major sales drive for its six leading licensed remedies for asthma and catarrh, period pain, rheumatic pain, hayfever, daily fatigue and weight loss.

AHA Sales Services Ltd.

Tel: 01491 833202.

Eastenders star supports sun safety

Actress Patsy Palmer (known to millions for her role as Bianca in Eastenders) has teamed up with Marie Curie Cancer Care and Laboratories Garnier Ambre Solaire to launch a new Sun Awareness campaign.

Backed by the Health Education Authority, the campaign aims to raise public awareness about the dangers of the sun, to inform people about how they can protect themselves and to raise money for research into skin cancer.

The campaign will raise money for Marie Curie Cancer Care through the distribution of Sun Safety badges. The badge features a bright, smiley sun wearing a knotted white hanky which changes colour in UV light.

IN BRIEF

Driclor hits the airwaves

Stiefel Laboratories is supporting its Driclor Solution for excessive perspiration with a radio advertising campaign in the London area. The commercial is targeted at women and will run until the end of July.

Stiefel Laboratories (UK).

Tel: 01628 524966.

Fresh start

EMVI has bought the Amplex and Goldspot brands and obtained a European licensing agreement for Bodymist from Sara Lee. The move follows its acquisition of Harmony, Once and Precison Styling. Amplex, Goldspot and Bodymist are available through Jenks Sales Brokers.

Jenks Sales Brokers.

Tel: 01494 442446.

Vitalegs strides onto TV

Chefaro Proprietaries is investing £500,000 in a TV campaign for its Vitalegs herbal gel for tired, heavy legs this summer. This will appear nationally in two bursts until July 19.

Chefaro Proprietaries Ltd.

Tel: 01480 421800.

Lip service

Grafton International is the new UK distributor for Fran Wilson Aloe Lip Core. The SPF 20 vanilla flavoured lip balm (rsp £3.99) contains 100 per cent pure aloe and vitamin E.

Grafton International.

Tel: 01543 480 100.

All of a lather

The International Lornamead Group has acquired Ingram Shaving Cream from Bristol Myers Squibb. Lather Shave and Brushless Shave are available through Jenks Sales Brokers.

Jenks Sales Brokers.

Tel: 01494 442446.

ON TV NEXT WEEK

Beconase Allergy: All areas, Sat, C4

Benadryl Allergy Relief: All areas

Claritin: LWT, CAR, C4, TSW, Sat

Daktarin Gold: All areas, except GTV, B, CTV, C4, GMTV, TSW

Gillette Mach3: All areas

Lynx: All areas

Macleans Whitening: All areas, except U, CTV

Philishave Cool Skin: All areas

Senokot: All areas, except G

Simple Skincare: U, C, A, HTV, W, M, CAR, C4, Sat

Vitalegs: GMTV, Sat

Zirtek: C, CAR, HTV, GMTV, C4

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

We've given Witch Doctor the treatment.

Introducing the new Witch range of skincare products. We've taken all that's good about Witch Doctor...and made it even better. You can recommend proven, effective products with the cleansing and soothing qualities of natural witch hazel. And we have big plans for Witch in the future, so you'll be able to offer an even wider Witch range when we introduce more exciting new products. So make sure you place your order for the Witch range today. With a heavyweight £2m advertising and PR launch behind it, we're expecting quite a demand! Witch. Strong in spirit. Gentle on skin.



Witch Stick. Cleansing & Toning Pads.
Skin Treatment Gel. Lotion. Sun Sore Soothing Gel.



Renaming
Witch. The new name
for Witch Doctor



Repackaging
Eye-catching
new packaging



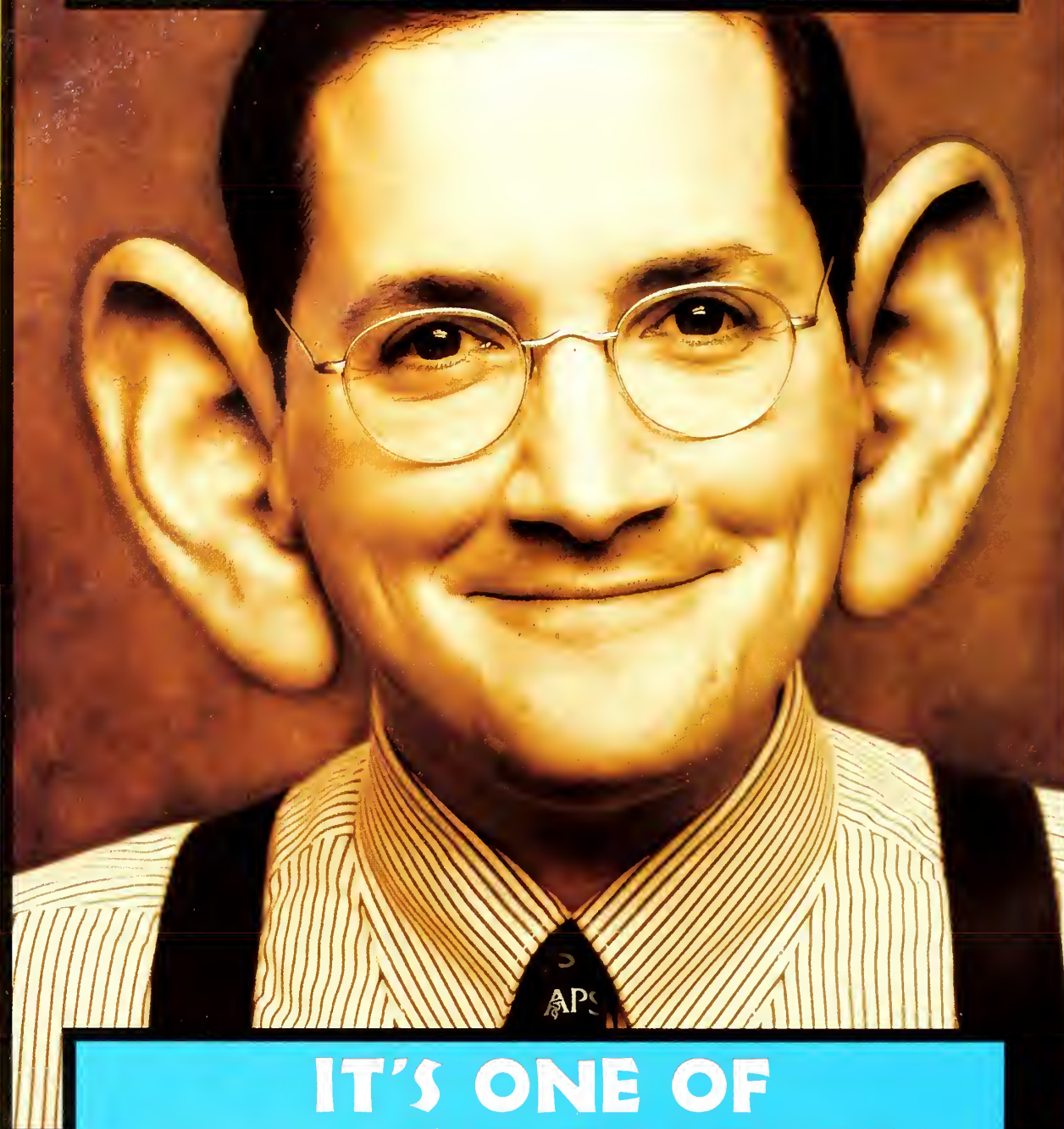
Reinvesting
Heavyweight
£2m advertising
and PR launch



Remarketing
New products,
new profit opportunities

WITCHTM
with Natural Witch Hazel

THE ABILITY TO LISTEN



IT'S ONE OF OUR BEST FEATURES

By working in partnership with pharmacists, APS Berk has become one of the UK's leading generic suppliers. This relationship has aided APS Berk in ensuring that we are the first major generic manufacturer to have a full product range in packs that are compliant to the leaflet and label legislation.

The APS Berk Patient Pack Programme supports this compliance and offers information on our product range, distribution, and services to assist you through the changes in the legislation and the challenges you come across.

You can take full advantage of our Programme by phoning us on **01132 380099**. Alternatively, visit us on our Website at **www.aps-berk.com**.

When you've seen and heard all the ways in which we can help you, you'll see why our ability to listen to what you want is so attractive. So do call us. We look forward to hearing from you.

WE LISTEN. WE MAKE IT HAPPEN



APS Berk is a member of the TEVA International Group of Companies



The beauty market and the cut-price beast

from heavy promotions to everyday low pricing in some retailers. The move away from multi-buy promotions is probably a key factor affecting volume sales of toiletries and the staple markets have certainly suffered the biggest drop in value terms.

A year ago, Pantene Pro V Normal/Regular (200ml) was selling at the everyday non-promoted price of £2.14 in Asda and £2.15 in Tesco. This year, these prices have plummeted to £1.80 in Asda and £1.90 in Tesco.

In contrast, the average unit price of the same Pantene product was £2.19 in independent chemists a year ago and this has now increased to £2.24 (Information Resources, 12 w/e 27 February, 2000).

However, there have been mixed messages from Asda and Tesco. Their vociferous message to consumers is 'low prices forever' but this is not completely black and white and there has been an element of temporary price reductions in some categories.

Asda, in particular, has created the image of being the consumer's champion. The Asda shopper has a perception that you can buy products cheaper in Asda than anywhere else, but that's not always true.

Interestingly, it is not always the grocery multiples that have the

Continued on P20 →

Martin Wood, account director at Information Resources, and **Andy Grout**, client service director at the same company, offer an explanation for the recent decline in toiletry prices

The British shopper spends an average of £1.28 per week on toiletries (excluding cosmetics and female fragrances) with only 30-40p of that weekly spend likely to find its way into a pharmacy till.

Now, pharmacies find themselves fighting for a slice of a £3.91 billion market that has seen a fall in retail prices during the past year.

After years of constant growth at around 8 per cent year on year, the toiletry market only managed 1.2 per cent value growth in 1999 and actually declined in the second half of last year.

Volume sales of toiletries also dipped during this period. Key

markets like shampoos, conditioners, sanpro and disposable nappies, which had been growing strongly, have been particularly hard hit.

There are three reasons for this sudden decline:

- everyday low pricing introduced by Asda and Tesco last year has led to a lowering of prices
- fewer 'buy one get one free' multi-buy promotions, which has impacted on volume
- a lack of new product development has affected market value.

Everyday low pricing

Ever since Asda took the term 'everyday low pricing' and applied it to its 'Rollback' campaign just over a

year ago, the definition of everyday low pricing appears to have changed. Everyday low pricing could now be defined as 'permanent low prices' with the absence of temporary price promotions which are expensive for retailers to manage and messy for logistics.

Asda and Tesco, in particular, have cut back on the 'buy one, get one free' type of multi-buy promotions and channelled these promotional budgets into cutting prices across the board.

Initially, the main focus of everyday low pricing was on staple foods but it moved into health and beauty in the latter part of 1999.

It is the 'core' toiletry categories that have seen the biggest shift away

PRICE CHANGES FOR MAJOR TOILETRY BRANDS

		Tesco	Asda	J Sainsbury	Safeway	Major multiples (incl Boots)	Chemists (excl Boots)	Independent chemists
Colgate great regular toothpaste (100ml)	Feb 1999	£1.68	£1.60	£1.61	£1.67	£1.64	£1.65	£1.67
	Feb 2000	£1.27	£1.25	£1.47	£1.75	£1.39	£1.28	£1.20
Dove scented soap bar (200g)	Feb 1999	£1.48	£1.43	£1.54	£1.53	£1.49	N/A	£1.48
	Feb 2000	£1.27	£1.31	£1.45	£1.42	£1.35	N/A	£1.47
Lynx voodoo bodyspray (150ml)	Feb 1999	£2.17	£1.95	£2.23	£2.37	£2.20	£2.25	£2.28
	Feb 2000	£1.95	£1.95	£1.95	£2.06	£2.02	£2.20	£2.28
Pantene Pro-V normal/regular shampoo	Feb 1999	£2.15	£2.14	£2.08	£2.21	£2.16	£1.92	£2.19
	Feb 2000	£1.90	£1.80	£2.06	£1.99	£2.00	£2.18	£2.24
Tampax applicator regular (32)	Feb 1999	£2.90	£2.89	£2.86	£2.97	£2.94	£3.27	£3.41
	Feb 2000	£2.78	£2.56	£2.69	£2.91	£2.74	£3.27	£3.36

Source: Information Resources 12 w/e 28 Feb, 1999, compared to 12 w/e 27 Feb, 2000. Data based on 'average unit price' for chemists; everyday non-promoted price for grocers and major multiples

→Continued from P19

cheapest toiletry prices. Colgate Great Regular toothpaste (100ml) was selling in independent chemists at the average unit price of £1.67 a year ago and this has dropped to £1.20 this year.

This compares to the everyday non-promoted price of £1.27 in Tesco, £1.25 in Asda, £1.47 in J Sainsbury and £1.75 in Safeway (Information Resources, 12 w/e 27 February, 2000).

Impact on pharmacies

From the retailer's perspective, the objective of everyday low pricing is to increase footfall for a particular retailer at the expense of the competition.

So what is the effect on other stores? If everyday low pricing is working for grocery retailers, and all the evidence is that sales in the grocery multiples continue to grow, then it is going to impact on other retailers.

The pharmacy trade is probably less exposed than the independent retailers in the grocery trade because of consumers' propensity to put their faith and trust in the advice of the pharmacy staff.

Prices are coming down on the staple products rather than specialist products. There are some sectors that are still in strong growth and typically they are in areas where it may be possible for the pharmacist to offer advice so these are an obvious area for the pharmacy to focus on. Hair colorants are a good example.

Hair colouring is a confusing market for the consumer and one where the first time buyer, in particular, is reluctant to pick a product off the shelf without getting advice.

If a product is highly technical, it sits more comfortably within the pharmacy as there is someone there for the customers to ask for help.

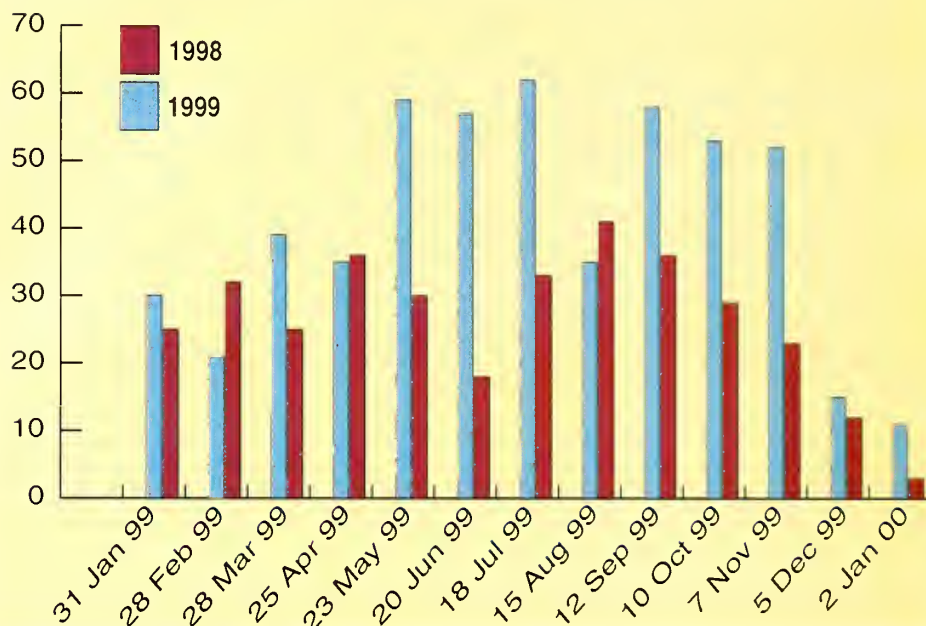
Fewer Wow! launches

A significant trend last year was a lack of big Wow! launches in the toiletry market. Instead, 1999 saw the introduction of more line extensions. Launches of brands like Gillette Mach 3 razors and Fructis shampoo just didn't happen last year.

Although there were some major new brand launches, such as the Daily Defense haircare range, they tended to occur in the first part of the year. New toiletry product launches tailed off in the second half of 1999, especially in categories that depend on innovation, and the real dip in sales occurred during the last part of the year.

There was a general uncertainty in the second half of last year. Most

Number of new toiletry launches



manufacturers like to launch at a premium, so it came as bad news when they suddenly found the ground rules had changed as a result of everyday low pricing strategies.

Manufacturers thought twice about new launches in markets where retailers had dramatically altered the status quo. Everyday low pricing changed all their work on a launch in terms of pricing proposition, assumptions about the volume to be sold on deal, promotions etc.

New product development is a major factor in affecting value sales.

For example, Gillette Mach 3 blades added £32 million to the toiletry market last year, with Fructis shampoo adding £20m and Mach 3 razors adding a further £14m.

New products are typically higher priced so the lack of new launches made an impact on the value of the toiletries market last year.

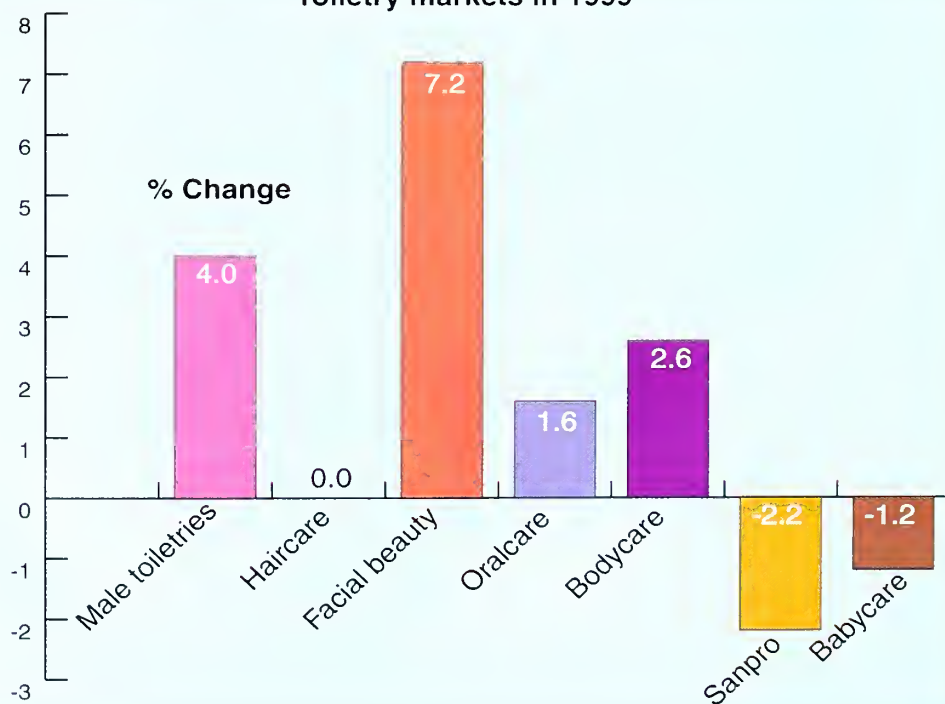
The market is polarising between strong performing markets like facial beauty, men's toiletries and hair colorants and suffering 'core' markets like shampoo and conditioners, sanpro and disposable nappies.

Pharmacies are not going to draw people through the door with a major advertising campaign saying 'come and buy cheap shampoo.'

Instead, the pharmacy needs to encourage the people that are already coming through the door to part with more cash.

At the end of the day, people are unlikely to take a risk with buying a hair colorant or a facial skincare product so the pharmacy is in a good position to exploit the values of brands in more specialist categories where price is less of an issue.

Toiletry markets in 1999



Diocalm

ULTRA SUPPORT IN PHARMACY

Your recommendations are important to the continuing success of Diocalm, so we're giving Pharmacy our full support again this summer. Here are three good reasons to recommend Diocalm:

- **High consumer awareness**
Our biggest ever national radio campaign
- **Excellent profit opportunity**
Superb trade deals and high cash profit
- **Committed to pharmacy**



STOPS DIARRHOEA FAST

Diocalm Ultra Essential Product Information. Presentation: Capsules with opaque turquoise caps and opaque white bodies. Each capsule contains Loperamide Hydrochloride EP 2.0mg. **Uses:** For the symptomatic relief of acute diarrhoea. **Dosage and Administration:** For oral administration. **Adults and children aged 12 years and over:** Two capsules immediately, followed by one capsule after each further bout of diarrhoea up to a maximum of 8 capsules in any 24 hours. **Not to be given to children under 12 years.** **Elderly:** The adult dose may be taken. **Contraindications. Warnings etc.** **Contraindications:** Hypersensitivity to the active ingredient. Conditions where inhibition of peristalsis is to be avoided, eg. Constipation, diverticular disease and acute ulcerative colitis. **Other Special Warnings and Precautions:** The product should be used with caution in cases of impaired liver function. Do not exceed the stated dose. Keep out of the reach of children. If symptoms persist for more than 24 hours, consult a doctor. As well as taking Diocalm Ultra, it is important to replace body fluids lost during diarrhoea. If symptoms are severe, rehydration therapy should be taken. If you are pregnant, consult your doctor before use. **Use in Pregnancy and Lactation:** The product should only be taken under medical supervision. **Caution:** is advised during lactation. **Undesirable effects:** Rarely skin rashes including urticaria have been reported. **Overdose:** The following effects may be observed in cases of overdose: constipation, ileus and neurological symptoms. Treatment would be symptomatic. In severe overdose naloxone can be given as an antidote if required. **Legal Status:** 6 capsules GSL. 12 capsules P. **Pharmaceutical Precautions:** None. **Packs:** Packs of 6 and 12 capsules. **Price:** RSP 6 capsules £2.99. 12 capsules £4.95. **Product Licence Number:** PL11314/0068. **Product Licence Holder:** Seton Products Ltd, Tubton House, Oldham DL1 3HS, England. **Distributor:** SSL International plc, Tubton House, Oldham DL1 3HS. **Date of Revision:** May 2000.

Diocalm Dual Action Tablets Essential Product Information. Presentation: Brown tablets with a smooth, slightly mottled appearance, free from dirt spots and with a break-line on one face and DIDCALM engraved on the other face. **Each tablet contains:** Morphine Hydrochloride BP 0.395mg, Activated Attapulgite BP 312.5mg and Attapulgite BP 187.5mg. **Uses:** For the relief of occasional diarrhoea and its associated pain and discomfort. **Dosage and Administration:** For oral administration. The tablets should be chewed and then followed by a drink of water. **Adults and children aged 12 years and over:** Two tablets. **Children aged 6 to under 12 years:** One tablet. **Elderly:** As the adult dose. The recommended dose should be taken every 2 to 4 hours as required according to the severity of the symptoms. Do not take more than six doses in any 24 hours. **Not to be given to children under 6 years.** **Contraindications. Warnings etc.** **Contraindications:** Patients with impaired renal function. Hypersensitivity to any of the active ingredients. **Other Special Warnings and Precautions:** Do not exceed the stated dose. Keep out of the reach of children. If symptoms persist for more than 24 hours, consult a doctor. As well as taking Diocalm, it is important to replace body fluids lost during diarrhoea. **Use in Pregnancy and Lactation:** There are no known contraindications to the use of this product during pregnancy and lactation but, as with all medicines, caution should be exercised. **Undesirable effects:** None. **Overdose:** Overdose is considered a theoretical possibility but, in practice, not a significant hazard with the small level of morphine in the product. 140 tablets contain 15.6mg of morphine hydrochloride, an analgesic dose. Larger doses would cause nausea, vomiting, constipation, drowsiness, and confusion. Convulsions may occur in infants and children. Morphine dependence is not considered to be a likely problem with the low doses of morphine present in the product. Treatment: After emptying stomach by aspiration and lavage, treatment is symptomatic. A laxative may be given to aid peristalsis. **Legal Status:** P. **Pharmaceutical Precautions:** None. **Packs:** Packs of 20 and 40 tablets. **Price:** RSP 20 tablets £3.29. 40 tablets £4.95. **Product Licence Number:** PL11314/0067. **Product Licence Holder:** Seton Products Ltd, Tubton House, Oldham DL1 3HS, England. **Distributor:** SSL International plc, Tubton House, Oldham DL1 3HS. **Date of Revision:** May 2000.

Marketing

→Conti

c'

Capital SoleilTM

With Mexoryl[®] XL

An excess of UVA rays causes
pigmentation spots and cellular disorders.

Each Capital SoleilTM suncare product contains Mexoryl[®] XL,
the 1st filter to be as effective against UVA rays as against
UVB rays. Therefore they ensure a reinforced double
protection against UVA rays and UVB rays.

Extreme sunblock
for hyper-sensitive skin.

Fragrance free.

Preservative free.

Helps prevent prickly heat.



VICHY
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The British Skin Foundation
supports VICHY's research into
keeping skin healthy in the sun.

VICHY. SOURCE OF HEALTHY SKIN.

All of a sweat

For some people sweating is more than just a nuisance they experience during the summer months, it's a year-round, continuous problem. GP **Dr Sarah Brewer** takes a look at hyperhidrosis and how it can be managed

Complaints of excessive sweating are common during the summer when as many as one in two people claim to suffer problem perspiration. Excess sweating can also occur as a result of vigorous exercise, anxiety and stress.

These are normal physiological responses, however, and OTC antiperspirant deodorants and lifestyle measures such as losing excess weight, improving cardiovascular fitness or reducing stress levels are usually effective.

In contrast, hyperhidrosis is a clinical condition in which excessive sweating occurs even during the colder months, and during both waking and sleeping hours. It affects an estimated 1 per cent of the population and is sometimes a sign of hyperthyroidism, chronic alcohol abuse or drug side effect, but in most cases, no obvious cause is identified.

Hyperhidrosis is then assumed to result when the metabolic thermostat is set too high. This leads to over-activity of nerve endings supplying the sweat glands so they remain continually active. Symptoms are usually localised to areas such as the armpits, palms, soles, groin or forehead, but may become generalised to affect all areas where sweat glands are found.

The condition can occur at any stage of life, with those diagnosed with primary or essential hyperhidrosis often presenting in childhood or adolescence.

Social implications

Not surprisingly, hyperhidrosis causes considerable emotional, social and professional distress. Sufferers feel hot, itchy and uncomfortable, and may have to deal with visible perspiration on the skin and clothes and with embarrassing wetness under the arms or in the groin.

They may develop uncomfortable skin flexures that are prone to chaffing, soreness and fungal



infections – especially under the breasts, in the groin and on the feet. They may be forced to shower or bathe frequently during the day, and have to keep changing wet clothes.

Anxiety about visible dampness, body odour or even wet palms when shaking hands can also occur, as can difficulty handling paper if palmar sweating is a problem.

Hyperhidrosis even affects career prospects. Excess sweating gives the impression that someone is nervous, stressed or worried which would disadvantage them in a job interview or business meeting.

A DriClor survey of over 100 human resource managers found that noticeable sweating was likely to decrease the credibility of what someone was saying by 49 per cent while a clammy handshake would have a greater negative impact in a business situation than being dressed inappropriately.

Treatment options

Mild hyperhidrosis, which is limited to well-defined areas of the body, can usually be controlled by OTC therapies such as applying a 20 per cent solution of aluminium chloride

Sweat glands

Everyone has around 3 million sweat glands on their body, of which there are two main types:

- **eccrine glands** are found on all areas of skin (except the eyelids), but especially concentrated on the palms and soles. They secrete water and salts directly onto the skin surface
- **apocrine glands** only become active at puberty. They are found on hair-bearing skin, mainly on the armpits, groin, nipples and scalp. They produce modified sweat (containing proteins, fats and sugars) into hair follicles rather than onto the skin surface. The secretions are initially odourless, but once they are broken down by skin bacteria, a characteristic and unpleasant smell develops.

The average person produces around a litre of perspiration per day – more in hot conditions or when exercising vigorously. Sweat cools the body as evaporation draws energy away from the skin surface.

hexahydrate to clean, dry skin at night – when sweat glands are inactive – and washing off next morning.

Aluminium chloride hexahydrate is thought to work by forming a gel matrix within each sweat gland which reduces sweat secretion. As excessive sweating comes under control, applications can be reduced in frequency to once or twice a week.

A deodorant may be used during the day for freshness, but there is usually no need to use an antiperspirant as well.

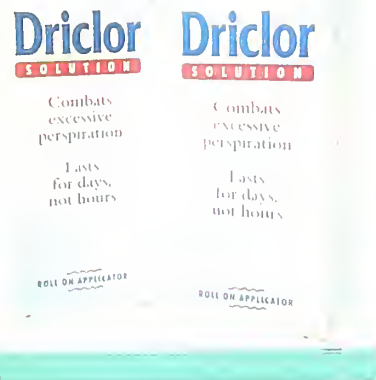
An absorbent dusting powder will help to keep feet and skin flexures dry, and those prone to intertrigo or athlete's foot may benefit from an antifungal preparation. Women should be advised not to use dusting powders in the groin due to a possible association with ovarian cancer.

Where hyperhidrosis is limited to the palms or soles, treatment with iontophoresis may be helpful. This involves bathing the hands or feet in a solution containing glycopyrronium bromide (an antimuscarinic drug) through which an electrical current is passed to assist uptake.

Applying a topical aqueous solution of 0.5 per cent glycopyrrolate has also been tried effectively to treat hyperhidrosis of the scalp and forehead after other treatments had proved ineffective¹.

Another recently reported approach for excessive localised sweating of the face and scalp combined oral clonidine

Continued on P24 →



Driclor has been relaunched in new packaging for summer



Aloe Fresh is the new Vaseline Intensive Care variant, which contains aloe to care for skin

→ Continued from P23

hydrochloride and a topical solution of 20 per cent aluminum chloride. Over a period of two to three weeks, the patient achieved a complete remission of symptoms, and reduced anxiety, with only mild side effects.

Propantheline bromide is indicated for use in gustatory sweating (triggered by eating), but tends to be limited by antimuscarinic side effects.

Botulinum A neurotoxin has been effective in treating hyperhidrosis of the axillae and palms and for gustatory sweating. In one study¹ botulinum injections produced complete anhidrosis of the axillary skin for four to seven months. Repeat injections produced similar results.

In another study², botulinum injections eliminated excess sweating for six-17 months for gustatory

Self-help for sufferers

- Lose excess weight and exercise to improve cardiovascular fitness
- Wear loose, cotton clothes rather than man-made fibres
- Avoid tight clothes that pinch at the waist or which bunch up at elbows or knees
- Carry a washkit and change of clothes if necessary to freshen up during the day
- Dry skin thoroughly after washing and dust with talcum or anti-fungal powder
- Complementary therapies may help. Herbal remedies containing horsetail or sage may be useful.

For those who prefer aromatherapy, essential oils of rose, clary sage, ginger, lemon, cypress or nutmeg can be diluted and used to disguise body odour naturally. Pure cypress or geranium oil can be rubbed into the palms or soles of the feet daily until sweating improves (note that for most other uses, these oils should be diluted. Avoid if local sensitivity occurs, and do not use during pregnancy except under professional supervision).

A homoeopathic remedy for profuse, sour, sticky sweat is Hepar sulph 6c, taken twice a day for up to two weeks.

sweating, two-eight months for axillary sweating, and 13 weeks to 12 months for palmar sweating. The researchers concluded that intradermal injections of botulinum toxin offered a simple, safe, and effective alternative to other conservative and surgical options.

Troublesome symptoms that do not respond to more conservative approaches, or which affect more extensive parts of the body, may require surgical intervention for upper, dorsal sympathetic ganglionectomy or endoscopic thoracic sympathectomy.

Surgical interventions succeed in over 90 per cent of cases, but side effects such as compensatory hyperhidrosis (eg of the thighs) occurs in 50 per cent of patients, complications (eg Horner's syndrome) in 8 per cent and symptoms can also recur. However, new techniques (eg video assistance during thoracoscopic techniques)³ are making these procedures safer.

References

- 1 Soukran DC, Hight AS. The use of topical glycopyrrolate in the treatment of hyperhidrosis. *Clin Exp Dermatol* 1998; 23 (5): 201-5
- 2 Torch FM. Remission of facial and scalp hyperhidrosis with clonidine hydrochloride and topical aluminum chloride. *South Med J* 2000; 93 (1): 68-9
- 3 Glogau RG. Botulinum A neurotoxin for axillary hyperhidrosis. No sweat Botox. *Dermatol Surg* 1998; 24 (8): 817-9
- 4 Odderson IR. Hyperhidrosis treated by botulinum A exotoxin. *Dermatol Surg* 1998; 24 (11): 1237-1
- 5 Zacherl J et al. Video assistance reduces complication rate of for hyperhidrosis. *Ann Thorac Surg* 1999; 68 (4): 177-81

Anti-perspirants need to deliver

An anti-perspirant that does what it claims to do is undoubtedly still the most important consideration when choosing a product, say consumers. But this priority is closely followed by one which also cares for skin, says Kay Dickenson, assistant category manager at Elida Faberge. "In a survey we carried out, 23 per cent of people said a skin-friendly APD was an important priority." And the proof can be seen in the new products currently appearing on-shelf.

Vaseline Intensive Care Aloe Fresh contains aloe as well as the pro-derma skincare ingredient to help protect underarm skin and make it less prone to irritation. The launch will benefit from the £3.5m spend on the Vaseline Intensive Care brand.

Dove Fresh Blue deodorant is the latest addition to the range. With a clean, crisp fragrance it contains one quarter moisturising cream to care for skin. It will be supported by a £3m campaign this summer.

New technology

Anti-perspirants have been fuelled by new technology developments that have improved both product performance and ease of use. Procter & Gamble's Secret range has addressed the problem of stickiness - its Satin Dry Cream promises instant dryness no waiting to get dressed, while the Clear Dry Stick won't leave a white residue on skin or clothes.

Big-ball roll-ons have made products easier to apply and quicker to dry, says Kay Dickenson, while new ergonomically-shaped packs make the whole business more enjoyable.

It seems that women prefer the new cream products with only 20 per cent of users being male, while aerosols are used equally by men and women. Sticks are preferred by men, only 40 per cent of users are women. The fastest growing sectors are sticks and creams.

- Aerosol: 70%
- Roll-ons: 15%
- Sticks and gels: 6.8%
- Creams: 5.6%

(source: Elida Faberge)

Fragrance values

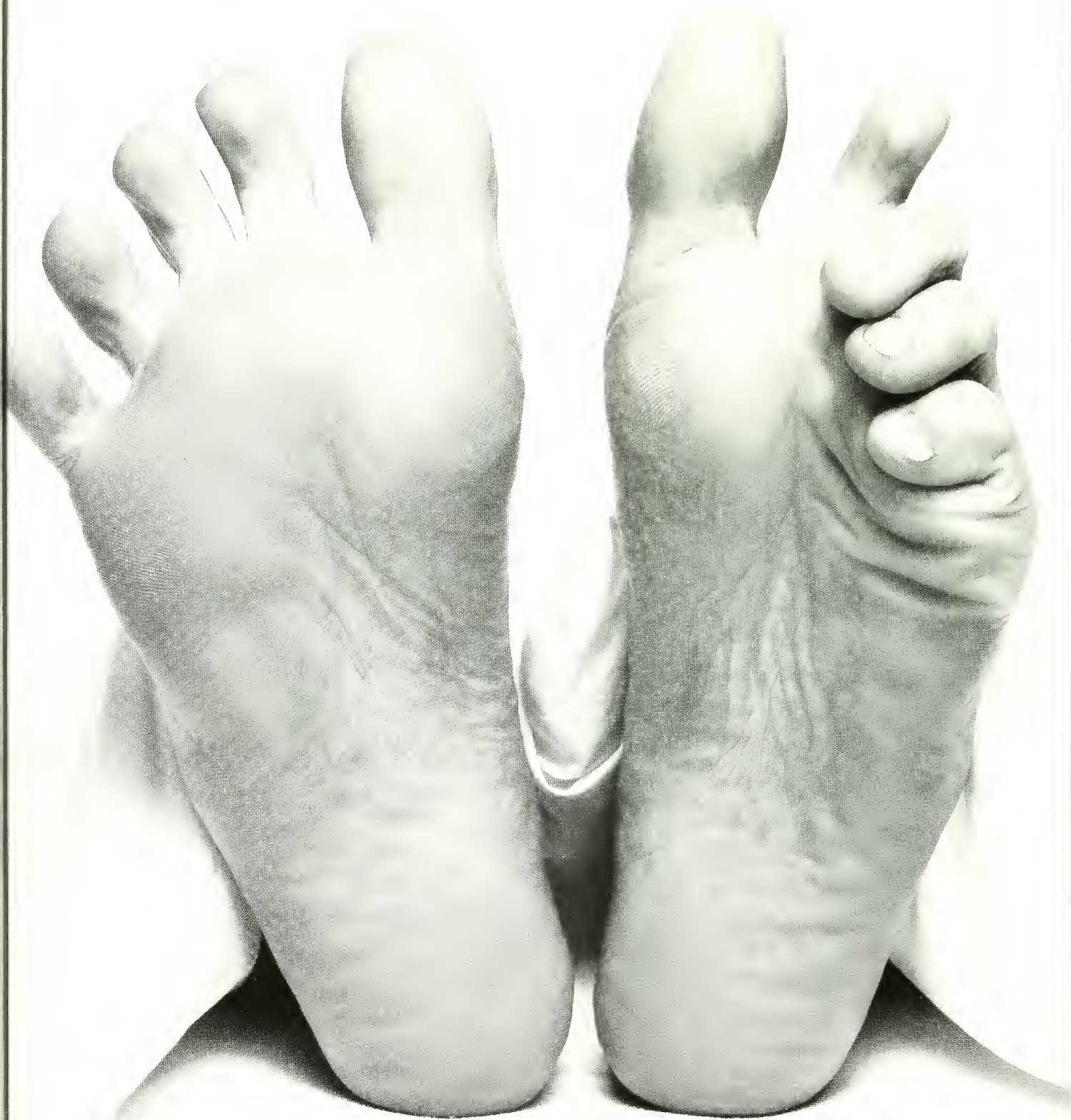
"Fragrance is still an important consideration too, but we're now seeing much lighter, fresher fragrances," says Kay Dickenson. Unisex brands have had their day, with men and women now preferring their own specially designed variants.

The new Sure variant for women is called Oxygen and is a fresh, invigorating fragrance, with notes of

Daktarin™ Gold Product Information. Presentation: White cream containing ketoconazole Ph.Eur 2% w/w.
Indications: Treatment of the following fungal skin infections: tinea pedis, tinea cruris and candidal intertrigo.
Dosage and Administration: For mild athlete's foot: rub gently between the toes and surrounding area twice a day for one week. For more severe or extensive athlete's foot (eg also affecting the sole or sides of the feet): continue to apply the cream to the affected areas for at least 2-3 days after symptoms have cleared to prevent them coming back. For Dhoobie Itch and Candidal Intertrigo: rub into the affected area once or twice daily for at least 2-3 days after symptoms have cleared to prevent them from coming back.
Contraindications: Hypersensitivity to any of the ingredients or to ketoconazole itself.
Precautions: Not for ophthalmic use.
Interactions: None known except possible corticosteroid interaction.
Pregnancy and lactation: Use in pregnant women if it is considered essential by a doctor. May be used during lactation.
Side effects: Irritation, dermatitis and burning sensation may be observed.
Overdose: In accidental oral ingestion appropriate methods of gastric emptying may be considered.
Legal Category: P.
Product Licence No.: PL0242/010.
Price: 15g tube £4.99.
Date of preparation: April 2000. Full prescribing information is available from licence holder Janssen-Cilag Ltd, PO Box 79, Saunderton, High Wycombe, Buckinghamshire, HP14 4H.
Distributed by: J&J.MS Consumer Pharmaceuticals, Enterprise House, Station Road, High Wycombe, HP10 9U.
References: 1. Harris R C et al. *Drugs* 1982; 23: 1-36. 2. Data on file. Nov 1999.

Continued on P26 →

GUESS HOW MANY DAYS IT NOW TAKES TO TREAT ATHLETE'S FOOT?



even. That's right, just seven days to treat mild athlete's foot*. Now...there's no faster treatment for athlete's foot. Thanks to the new ingredient, ketoconazole, and its affinity to keratin¹, the benefits of Daktarin™ Gold continue for at least 8 weeks offering protection from relapse.² There will be extensive TV advertising of Daktarin™ Gold, as well as a wealth of in-pharmacy support and educational material. So when you recommend new Daktarin™ Gold for athlete's foot, you know it's a short cut to long lasting treatment.



A SHORTCUT TO LONG LASTING TREATMENT.

Johnson & Johnson MSD
CONSUMER PHARMACEUTICALS

*Between the toes.

Only available through pharmacies. Further information is available from: Enterprise House, Station Road, Loudwater, High Wycombe, Bucks HP10 9UF

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hyacinth, green apple and cedar wood. The new variant will benefit from a television and press campaign this summer.

Body sprays down

Sales of body sprays are still suffering the effect of cut-price fine fragrances, with more consumers now able to afford them. Sales of body sprays were down 5 per cent last year. 'We need to give consumers a reason to use body sprays,' says Kay Dickenson. The specific benefits, she says, include daytime freshness, the fact that you can use them all over, and that they contain alcohol for a cooling sensation and a deodorant for reassurance.

News from Rimmel

Cosmetics manufacturer Rimmel has introduced a range of body sprays for women aged 18-35. The range comprises six fragrances which include wood, spicy, floral and citrus notes. Packaged in contemporary brushed silver, each variant is given a symbol rather than a name so consumers can focus on fragrance when making a choice. A merchandiser and showcard is available for pharmacies.

Match making

Finding an anti-perspirant that complements the consumer's favourite fragrances can be tricky, so Bristol-Myers has come up with an easy-to-use fragrance wheel to use with their Mum brand. Buyers simply look at the six fragrance families to reveal which Mum variant will complement their perfume. And if they can't find the perfect match, there's always Mum Unperfumed.

Impulsive relaunch

Elida Faberge has relaunched its Impulse range of bodysprays and added a new Oxygen sub-brand. The eight existing variants are being repackaged and new spray technology provides a cool sensation on application. The new Oxygen sub-brand comprises two variants – SOL, an invigorating fragrance, and Air, a gently exhilarating scent.

Top ten female body sprays

- Impulse
- Charlie
- Yardley
- Exclamation
- Adidas
- LAimant
- Wild Musk
- Fusion
- Chanson
- Addiction

(source: IRI Infoscan, Feb 00)



New variants in the Mum range include Sheer Pleasure, a sophisticated floral, and Fresh Peach, a fresh contemporary fragrance

Clear case from Arrid

New additions to the Arrid XX range include Arrid XX Ultra Clear which includes anti-bacterials to give better protection against wetness and guard against white residue on clothes. It comes in two variants, Active Fresh and Day Fresh and is available in cream stick and spray formats. The range is being supported by a £2m campaign. Also new is Arrid XX Spirit, aimed at the youth market.

Driclor works harder

According to research by Stiefel for Driclor, only 45 per cent of people are satisfied with conventional anti-perspirants and deodorants – the main criticism being that they don't work for long enough and need frequent application. Driclor offers effective protection and only needs to be applied once or twice a week.

Driclor has been relaunched in a self-assembly pack and a smaller 20ml size bottle (£5.45). Driclor will be supported throughout the summer with radio and press advertising and backed up by direct mailing.



Oxygen is the new Sure variant for women, and is a fresh, invigorating fragrance

The bathroom is more than a just a place to freshen up – it's a stress free zone, as Sarah Purcell reports

Chill out in the bathroom



In today's hectic world, stress has overtaken the common cold as the number one reason for taking time off work, and it's hard to find someone these days who doesn't complain of feeling stressed.

With the link between stress and ill health now well established, it's become important to find ways to release the tensions of the day. But if they are not heading for the gym, more and more men and women are retreating to the privacy of their own bathroom, turning it into a haven of peace and relaxation where they can spend time pampering themselves.

No longer just a place to get clean, the bathroom now fulfills the equally important role of a safety valve – somewhere we can escape the pressures of work, family and modern life. Professor Stephen Palmer, director of the Centre for Stress Management, has researched the effects of bathing on stress and says: 'Having a bath is a good stability zone – a natural form of stress management that people may not even realise they have.'

Comfortable warm baths are effective for stress relief because they trigger the parasympathetic nervous system, which aids physical and mental relaxation: it relaxes the body,

aids the immune system, reduces blood pressure and activates the digestive system.

Various health experts have suggested that bathing may help boost metabolism and circulation, remove toxins through perspiration, relieve aching muscles and encourage skin cells to repair themselves. Professor Palmer believes it has mental benefits too, helping to reduce anxiety, increase concentration and creativity, and helping insomnia.

Bathroom time

In research carried out for the Dove and Wellbeing 'Dare to indulge' campaign, 92 per cent of respondents said they recognised the importance of time out for themselves each day, yet only a third managed to achieve it on a regular basis.

Those most under pressure were women aged 25-54, with only 37 per cent of couples sharing household tasks equally and six out of 10 working women claiming to be permanently exhausted.

In a survey carried out for the internet site drugstore.com, 60 per cent of women said they'd be happier if they could take a bath every day.

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DON'T LET HIS ANTIHISTAMINE AFFECT HIS DRIVING



It is well accepted that first generation antihistamines, such as chlorpheniramine, may frequently cause drowsiness.^{1,4} But some second generation antihistamines are not without sensitive risks. A recent post-marketing surveillance study involving 43,363 patients found that cetirizine and acrivastine were approximately 3.5 and 2.5 times ($p < 0.0001$) more likely to result in reports of sedation, respectively, than Clarityn Allergy.⁵

Equally important is the lack of awareness many people have about the drowsiness caused by their medication and, being unaware of it, are unlikely to take precautions when driving or performing other potentially dangerous activities.⁶

That's why it's essential to ask customers if they drive before you recommend an antihistamine. If they do, recommend Clarityn Allergy, a truly non-sedating antihistamine that can relieve all their hayfever symptoms^{7,11} - but won't adversely affect their driving.¹²



Clarityn Allergy Prescribing Information: **Contraindications:** None. **Warnings:** None. **Indications:** Adults and children aged 12 and over, for the relief of symptoms associated with seasonal allergic rhinitis and idiopathic chronic urticaria. **Children aged 2 to 12 years:** For the symptomatic treatment of hayfever and allergic skin conditions such as urticaria. **Dosage:** Adults and children aged 12 and over: one tablet once daily or two 5ml spoons of syrup once daily. **Children aged 2 to 12 years:** Two 5ml spoons of syrup once daily. **Children aged 2 to 5 years:** One 5ml spoon of syrup once daily. **Contra-indications, precautions:** Hypersensitivity; Pregnancy and lactation. Use in children under 2 years. **Side-effects:** Rarely, headache, drowsiness, dry mouth, dizziness, anaphylaxis, abnormal hepatic function, supraventricular tachyarrhythmias, tachycardia and syncope have also been reported rarely although causal relationship has not been established. Concomitant administration of drugs (PPIs, diuretics, CYP2D6 and CYP3A4 metabolic pathways) may result in elevated plasma levels of loratadine or the concomitant medication. **Pack sizes:** Cartons of 7 tablets, bottles of 30ml syrup. **Nett price:** Tablets £4.25, Syrup £5.40. **Legal category:** (P) **Product licence numbers:** Tablets 020170/75, Syrup 020180/73. **Product licence holder:** Schering-Plough Ltd, Shire Park, Welwyn Garden City, Hertfordshire AL7 1TW. **Date of revision:** August 1997. **References:** 1. Simons, F.J. *Drugs* 1994; 10(5). 2. Simons, F.J. *Allergy Clin Immunol* 1989; 84(6, part 1): 845-861. 3. Simons, F.J. *et al.* *Ann Allergy Asthma Immunol* 1999; 82: 157-160. 4. Himmelfarb, J. *Sherris* 2000; August 1997. 5. Simons, F.J. *et al.* *Drugs* 1997; 54(1): 1-12. 6. Data presented at BSIR/SAC meeting, 30 November. 7. *Drugs* 1999; 56(10): 1000-1001. 8. *Drugs* 1999; 56(10): 1000-1001. 9. Dockrill, P. *et al.* *Ann Allergy* 1997; 56(4): 407-411. 10. Dockrill, P. *et al.* *Ann Allergy* 1999; 84(4): 461-465. 11. *Drugs* 1999; 56(10): 1000-1001. 12. *Drugs* 1999; 56(10): 1000-1001. **96 SCHERING-PLOUGH CONSUMER HEALTH**

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with 100 per cent believing that bathing was a relaxing experience and 79 per cent saying it made them feel pampered. "By taking time out for a relaxing bath before going to bed, we can enjoy the concept of the spa experience at home," says Professor Palmer.

At Cussons, sales director Neill Craigie believes that bathing is a more emotive experience than showering, with less than half of bathing occasions actually involving washing.

"The role of bathing has split into two key segments - the traditional family bath product used to produce bubbles, smell nice and clean still remains and is especially important for children's baths.

"The second segment - pampering - is the growth area and contains premium products, often including aromatherapy oils, to relax, revive, or de-stress."

Aromatherapy-based products continue to fuel interest in the bathing market, and part of their appeal is that they offer quick, convenient, no-hassle relaxation or revival, depending on the oils you choose.

Inhalation is the quickest way for essential oils to enter the body, and this can be achieved by adding a few drops of oil to a warm bath. In a bath, six to eight drops of essential oils and a ten minute soak will leave you feeling relaxed and refreshed.

Aromatherapy expert Tisserand has added Lavender Bath Soak to its range for a totally relaxing experience. Essence of Radox is a range of seven pure essential oils that can be added to bath water. In addition, each variant in the Radox Solutions range includes essential oils.



Tisserand have introduced Lavender Bath Soak made from organic lavender for a truly relaxing experience

£20m Dove support

Dove Nourishing body wash is being supported by a £3.2 million launch campaign, including two million samples. There is an overall £20m support package for the Dove brand this year. The Dove personal wash range has been relaunched with new contemporary packaging to appeal to a wider group of consumers.

Bronnley targets gardeners

Bronnley has teamed up with the Royal Horticultural Society for their new Gardener's Collection of soaps, hand washes, shower gels, bath soaks, massages oils and hand creams. Products include Sunflower soap, Geranium hand wash, Cornflower shower gel and Poppy bath soak.

New Yardley bath foam

Moisturising Bath Foam is the new addition to the Yardley range. Designed to indulge the senses, the formulation contains natural moisturising ingredients to leave skin soft. It is available in five fragrances - English Rose, Lily of the Valley, Narcissus, April Violets and English Lavender.

Fenjal adds a little luxury

Showering can be a luxurious experience too. New from Fenjal is Luxury Shower Oil, containing 84 per cent natural plant oils to leave skin soft and delicately fragranced.

Four new Foambursts

The Imperial Leather Foamburst shower gel range is being relaunched this summer with the addition of four new variants. The range now includes: Vitality C, enriched with vitamin C to revive; Invigorate, enriched with ginseng to energise; Perfect Balance, pH balanced to care for skin; Pure Luxury, enriched with jojoba for a pampering experience; Moisture Delight, with added moisturisers. A £2.5m campaign will support the relaunch and includes press and poster advertising during July and August.

Dead Sea shower gel

Ahava has added Mineral Shower Gel to its range of Dead Sea enriched products. The shower gel is a soap-free formulation which uses Dead Sea minerals, plant extracts and aloe vera to cleanse and moisturise skin.

Oilatum on the road

Stiefel has launched an educational campaign to educate consumers about eczema and dermatitis and how to treat these skin conditions with a series of roadshows themed "Oilatum total dry skin solutions". Free samples of Oilatum will be given out at the events.



The Imperial Leather Foamburst shower gel range is being relaunched this summer with the addition of four new variants



Fenjal Luxury Shower Oil promises to gently cleanse skin while leaving it smooth and supple

Shower power

In the UK more than 80 per cent of homes now have showers installed, and number of shower devotees is growing, says Clare Collins, category manager for personal wash at Elida Fabergé.

"Skincare benefits are the most important new trend we've seen in shower products - people want to pamper as well as clean their skin," she says.

New Dove Nourishing body wash is designed to do just that. Claimed to be the first body wash to actively nourish skin, the bottle is divided into two halves - one containing a cleansing wash, the other a body lotion with vitamin E.

At Cussons, sales director Neill Craigie agrees that the purpose of showering is changing. "Consumers are becoming more sophisticated in their requirements and turning to products which have additional benefits."

The successful Imperial Leather Foamburst range has been relaunched to provide variants to suit every showering need. "The relaunch of Foamburst is the result of detailed research which reveals five key showering needs among consumers," he says. "These are wake up, refreshment, family cleansing, moisturising and pampering."

A shower is traditionally seen as a reviving experience, and given the fact that 90 per cent of people have trouble getting going in the mornings, its benefits shouldn't be overlooked. "Showering can provide the stimulation you need to start the day feeling mentally alert and invigorated, while one study has shown that it can increase heart rate and circulation," says Professor Palmer.

For the ideal shower, he suggests starting off by standing under warm water, then gradually lowering the temperature - the cooler the water, the more refreshing it is.

Pharmacies can ensure they take their fair share of this category by having a range that meets the differing needs of consumers, believes Neill Craigie. "However, it's important to avoid too much duplication within segments. Skincare brands are very important in the pharmacy sector and consumers also expect to be able to purchase niche products here."

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Get your entry in by July 14. See your Norton Advantage sales representative for extra entry forms or contact the Customer Service Department at Norton Healthcare, Albert Basin, Royal Docks, London E16 2QJ.

For full rules see entry form inserted in this issue

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Pulling their hair out

Summer is the peak season for removal of unwanted hair and each year the choice of methods available becomes more overwhelming. While wet shaving is still the most popular option for British women, chosen by 70 per cent on a regular basis, there is a high level of dissatisfaction with this method, making consumers more willing to try out newer methods.

Pampering experience

Just as with other areas of personal care like showering and bathing, women now expect hair removal to be more of an enjoyable experience, says Alison Redford, marketing manager for personal care at Reckitt & Benckiser. "British women have traditionally been quite pragmatic in their approach to hair removal, unlike their peers in France, Italy and Spain, where shaving is much less popular. But they're now willing to spend more on themselves so I think we'll see increasing numbers trying other methods."

And while many women still opt for shaving, this too has changed. Fewer women rely on borrowing their partner's razor and are choosing their own female-specific razor and shaving gel for a smoother shave.



Braun Silk Epil epilators have been relaunched in contemporary colours



To promote its Lady Protector Plus razor, Wilkinson Sword is advertising in magazines and offering free trials

Professional results

Only eight per cent of British women go to a salon for professional hair removal, yet it's those super-smooth results that we now want from home products. Waxing is enjoying huge growth, with sales of waxing products up by 23 per cent last year (AC Nielsen, Dec '99); more women are choosing cream depilatories, with sales up by 12 per cent last year.

Growth in these areas has largely been due to innovative new products, as well as education campaigns. Immac Perfect Roll-On Wax is the first home use product to effectively remove hairs as short as 2mm, and should help encourage those consumers previously put off waxing because of having to wait for regrowth. Reckitt Benckiser has filled another niche in the market with its Silk Crème product designed to be rinsed off in the shower.

Facts & figures

The depilatories market saw good growth in 1999 with sales up by 12 per cent to £27.5m (AC Nielsen). Sales of women's shaving preparations are thought to account for 9 per cent of the total shaving preparations market (Mintel). Electric shavers and epilators for women are worth around £1.4m or 19 per cent of the total electric market (Mintel). More women are choosing waxing, with waxes making up 30 per cent of the chemical depilatories market, and creams 64 per cent.

Grocery outlets now take a 23 per cent share of the depilatories market, with a sales increase of 16 per cent last year (AC Nielsen). Creams account for the bulk of their sales, though waxes now take a 22 per cent share.

Sales in pharmacy declined by 2 per cent last year, and now only account for 12 per cent of the total market. However, creams increased in value by 5 per cent last year.

● Putting a stop on

Surgi-Hair Stop is a new product designed to slow regrowth as well as effectively remove hair. The natural formulation contains fruit enzymes from papaya and the root of a plant grown in North America. The enzymes are said to metabolise the proteins of the hair, weakening the follicle to inhibit hair growth. It is available from Visage International.

● Lady sales soar

Wilkinson Sword's Lady Protector Plus saw sales increase by 60 per cent last year and it now accounts for 31 per cent of all Wilkinson Sword razor sales. To promote the razor during the summer months, Wilkinson Sword is advertising in magazines and through trial offers. A new Lady Protector Plus helpline will offer consumers advice



New to the Nair range for summer are Nair Sensitive Hair Remover and Nair Brush On

on hair removal, and a relaunch of the toiletries range is planned.

● New look epilators

Braun is relaunching its Silk Epil epilator range in new colours and highlighting product performance on the packaging. In research carried out by the company, 78 per cent said they preferred the Silk Epil to other epilators as it was less painful and more effective. New for 2000 is a new two speed model in contemporary green, retailing at £34.99.

● Remington targets

Remington has added the Wet & Dry Smooth & Silky electric shaver to its range. Specially designed for women, its Body Contour system uses the men's MicroScreen shaving concept to give a super-smooth shave. There are three models in the range.

● Professional appeal

Rio has introduced a professional electrolysis kit, which can be used at home for permanent hair removal. Using tweezers, a micro current destroys the hair root by passing directly through the hair into the follicle. It's ideal for use on small areas of hair such as the upper lip or bikini line. It retails at £49 from De'Zac.

● Removing the odour

New to the Immac range is Fragrance Sensation, a new formulation that masks the unpleasant odour of thioglycolate, the active ingredient in depilatory creams. There are two variants available - Essence of Flowers and Essence of Nature.

● Nair expands its range

The Nair range has been extended with the launch of two new products. Nair Brush On contains green tea extract to care for skin and prevent inflammation, and sunflower seed oil for smooth results. Nair Sensitive Hair Remover contains passionflower and rose hips. Chamomile has also been included to prevent dryness.

● Big six from Louis Marcel

Since its acquisition by Stafford-Miller

Did you know?

- 95 per cent of British women aged 16-45 remove body hair
- We've been removing hair since the days of the ancient Egyptians
- Hair grows at the rate of about 12mm per month, but thankfully each area of hair has an optimum length - so the hair on your legs will never grow as long as the hair on your head!
- The toughest hair to depilate is red hair, while fair hair is the easiest as it's finest
- Women spend on average of two weeks of their lives removing body hair
- There are between 90,000 and 150,000 hair follicles on the human body
- Hair grows faster in the summer months as growth is stimulated by warm weather
- While British women prefer shaving, the Spanish are more likely to choose waxing and the Americans go for depilatory creams

last year, the Louis Marcel range of products has been relaunched. The line-up comprises six products: Gentle Hair Removal Cream, Gentle Body Mousse, Facial Hair Lightening Gel, Crystal Gel Strip Wax, Cold Wax Roll-on, and Aftercare Balm Oil Tissues.



Stafford-Miller has relaunched the Louis Marcel range since acquiring the brand



The Rio Professional is a permanent hair removal method that's safe and easy to use at home

Don't despair when the shadow of a VAT inspector darkens your pharmacy door. If you know what to expect you can be well prepared, as **John McQueen** explains.

Here comes Vatman

VAT inspections can be intrusive. A VAT officer who is intent on carrying out his inspection to the letter of the law can also seem

threatening to the unprepared pharmacist. These inspections can be held on the pharmacy premises or in the home, if you operate your business from your home address.

VAT officers have no obligation to read you your rights. Neither do they have to restrict their questions to those for which they have a legal right to expect an answer. For example, they could ask to see documents which are not related to the VAT inspection and ask for permission to search the premises.

You do have a right to refuse such requests. In order to do this you must be secure in your knowledge of the law and the VAT officer's rights. An experienced officer could extract information which he has no legal right to expect the trader to provide.

Oral questions

There is a distinction between answering legitimate questions and a serious cross examination amounting to nothing less than an interrogation.

VAT officers can put oral questions. What they cannot do is demand immediate answers. Very simple factual questions, however, such as 'who cashes up the till at night' can and should be answered immediately.

Answers to questions that relate to what amounts to statistical information should be given some serious thought. If necessary, proper research should be conducted before an answer is given.

The VAT officer is entitled to an 'answer within a reasonable time'.

Customs & Excise's own target is ten days in which to reply to traders' enquiries. It would be unreasonable, therefore, for them to expect a reply from a trader in less than ten days. An immediate uninformed response by the trader is not appropriate.

Documentation

Traders are obliged to produce documentation relating to the supply, acquisition, or importation of goods

and documents relating to services provided by the trader.

Traders may think that bank account documents are a private matter. This is not the case for statements of bank accounts into which business receipts are paid.

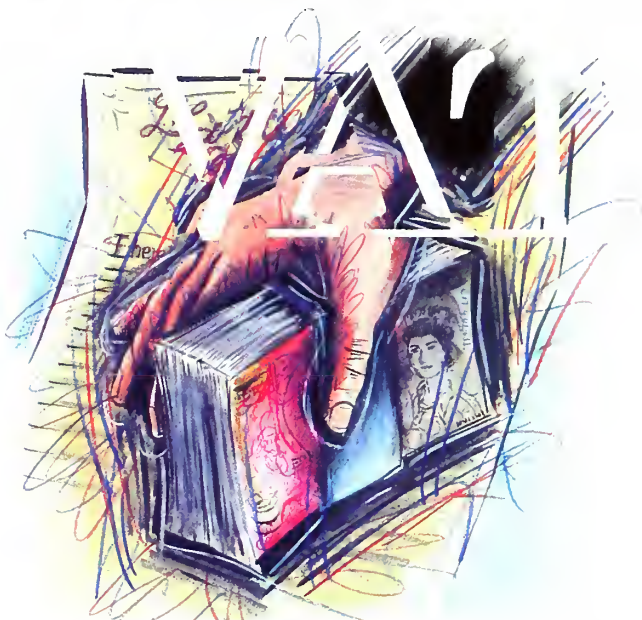
Customs & Excise has no direct authority on this point. A court of law, however, would hold that documentation from such accounts are 'documents relating to goods and services provided in the course of that business'.

A trader must be given reasonable time in which to gather the relative documents. Before the visit a trader should receive an indication from Customs & Excise as to the documents he will be required to produce.

Copying documents

A VAT officer is able to copy any documents that have been produced by the trader. If traders do not wish original documents to be taken away it would be advisable for them to make photocopying facilities available.

Should the VAT officer remove the original documents, the trader should then ask for a receipt and copies of any documents required for the running of his business.



Computer records

The VAT officer has powers to insist that traders show him any computerised records relating to the supply of goods or services. He can do this on his own authority at any reasonable time – he is under no obligation to provide the trader involved with any prior notice. If the officer is unable to operate the trader's computer or any of the software, then he can ask for assistance which the trader is legally obliged to provide. It is a criminal offence not to provide reasonable assistance to a VAT officer.

VAT officers have the power to copy any files from the computer which are relevant to their enquiries. They can also take the traders original hard copy, ie the computer itself. However, because of the ease with which information can be copied from computer systems, the use of such powers would only be justified in exceptional circumstances.

Inspecting premises

VAT officers have the power to 'enter and inspect' premises used in connection with the supply of goods or the acquisition of goods from other European Community countries.

They can also enter premises used in connection with the running of

such a business. This would in many cases include the trader's home.

It is important that the term 'inspect' be clearly understood. This means to 'look at what is visible'. It means that officers cannot lawfully open desk draws, cupboards and filing cabinets etc, without first obtaining a warrant signed by a Justice of the Peace. They can, however, ask for the trader's permission to open such drawers and cupboards without making it clear that the trader has a right to refuse such a request.

The onus therefore is on unsuspecting traders to be aware of their legal rights in such situations. They should also be wary of zealous VAT officers who will be well aware of their obligations but might not be keen to inform unenlightened traders of their own rights.

If a trader is confronted by VAT officers waving warrants he should call his solicitor immediately, and remain silent until he arrives. It is not unknown for Customs & Excise to see if the shock of the search encourages the trader to volunteer information before arresting him anyway.

Surprise visitors

The unannounced visit can be unsettling. Honest traders do not need to be alarmed. These visits can be the result of statistical analysis by Customs & Excise or an informer's information. In both cases there may be no real justification for such visits. The usual rules of VAT inspections apply. Also Customs & Excise cannot 'reasonably' expect traders running a busy business to neglect their customers in order to root out documentation immediately.

Obviously, Customs & Excise is aware of a trader's rights and its own obligations. Curiously, officers are under no obligation to observe traders' rights providing they can acquire an unsuspecting trader's permission.

Effectively the trader is waiving his rights – forewarned is therefore forearmed.

John McQueen is chief executive of the Bankruptcy Association

Sister pharmacists are doing it for themselves

Recent events in pharmacy revived a memory of an article I had read recently. Imagine my horror when I found the offending piece - 'Catch a good husband' (C&D May 6) - in your usually most worthy tome!

Malcolm Brown is right - female participation in the professions does seem to reduce status. The 'why?' is, however, more deeply rooted and must be dug out lest life is poisoned and all the work for equality is lost in the weed bed of chauvinism.

Malcolm rightly points out that "female pharmacists work so hard both at work and when they go home... are more practical... smile and are full of energy!"

I dispute that "they don't dream of changes". Sorry, Malcolm, we *do* dream of changes. We dream of changes as we iron, as we wash, as we work and as we play. We dream about

owning and managing our own pharmacies in our own way, for our own people.

We dream of leading the profession into the new era. We dream of opening a conference agenda and finding a social programme our husbands can attend. We dream of attending a dinner and finding our husband's place setting is equal to ours.

For years we dreamt, we worked and now we're here. We form more than 50 per cent of the pharmacy, medical and legal professions. High achievement at school and university brought us here. High achievement will keep us here.

Our grandmothers worked to achieve the vote, our mothers worked for equality of educational opportunity, my generation worked for equality of professional opportunity and pierced the glass ceiling. Our daughters - look out, they are already qualified! - will not tolerate a male-status dominated hierarchy.

None of this was achieved

alone. Confident, self-secure men worked with women to achieve these goals. Equally, women who campaigned were not assisted by the "status seeking - husband catching" variety of wife or the "importing of beautiful women into the higher social strata".

The next generation of men know women are equal in ability in all things cerebral.

They will, I hope, continue to relish the differences in approach, learn from them and society will benefit from mutual respect, not just male-female but all those other differences - ethnic, racial and cultural.

Building a better society, one that is based on mutual respect for achievement - irrespective of sex, creed or culture, should be an aim for everyone.

We form 50 per cent of the population. Sorry, boys, get out of your cosy clubs and smell the coffee - yes, the little wife has the kettle on but is your name on the cup?

Kate McClelland

Magbaberry

Communicate for greater recognition

Prominent local pharmacists and Mr Waterland, the chief executive of Birmingham Health Authority, addressed a recent LPC meeting. The discussion clearly projected what pharmacists can do in developing services from involvement in primary care groups, and more so in primary care trusts.

Pharmacists are trying to be included in the PCCs. This is paramount because if they fail, the establishment of PCTs may go ahead with no pharmacist input to the severe detriment to the profession, as it is a fact that PCTs are fund holders. The question of why pharmacists were not involved was answered simply by saying that we do not sell our profession to the proper decision makers.

I would like to present an opinion that may help to achieve better recognition:

● Pharmacists must present

their views to their local representatives using the numerous communication techniques available that will include e-mails

Healthnet.co.uk will help in setting up and giving advice on e-mails and a business web page for your advertising - free of charge.

● Pharmacists must communicate among themselves: this is important for independents

● Local representatives must pass their views to national bodies and also to local bodies involved in decision making

● Bodies like LPCs and the PSNC who negotiate at different levels must use spin doctors to put their views to the target decision makers

● Research must be conducted to find how consultations are processed prior to a white paper so that at the correct time there can be a pharmacy input.

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Birmingham B7

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Reference: BPI Prescription Medicines M2A Movelat® January 2000 Legal Category P

Date of preparation March 2000 MRH/02T

The Association of the British Pharmaceutical Industry often refers to the US market as it lobbies to introduce direct-to-consumer advertising for prescription drugs in the UK. Has DTC worked well in the US? **Murray Aitken** and **Frazier Holt** report

Consumer choice or chaos?

Since US regulations permitting drug manufacturers to advertise prescription products were introduced permanently in August 1999, medications and proprietary remedies have broken into the top five categories of ad spending, along with heavyweights such as cars, retailing, movies, and financial services.

Last year, pharmaceutical companies were expected to spend \$2 billion (£1.2 billion) on TV, print, radio and outdoor DTC ads, up from \$1.2 billion in 1998. As a group, those same companies are now boosting their DTC expenditures by 25 to 35 per cent annually.

This media onslaught has yielded some extraordinary results. Schering-Plough's anti-allergy drug Claritin, for example, with \$1.9 billion in US sales, is now a household name. But most pharmaceutical companies have had trouble executing their DTC strategies, and overall industry results have been mixed at best. Consumers are frequently confused; ad campaigns have sometimes angered and alienated doctors; and many of the industry's biggest names are struggling as they try to add an entirely new approach by marketing directly to consumers.

Nonetheless, many senior pharmaceutical executives believe that drug companies can find dramatic new sources of value through DTC marketing, which (in addition to TV and radio commercials) includes print advertising, promotional efforts, public relations, and internet communications.

There is a powerful logic to this optimistic view. An ageing population, easy access to medical information and the current scepticism about healthcare systems have increasingly made consumers – not the trusted

family GP – the arbiters of what prescription medications they take.

This trend will probably gain momentum. Drug manufacturers are likely to find the consumer increasingly at the centre of their strategic thinking as they search harder and harder for blockbuster drugs that can generate the revenues needed to sustain their high market multiples. One place where they will certainly focus is developing remedies for the largely unmet

medical needs of ageing baby boomers.

Between 1996 and 1999, AstraZeneca, Pfizer and Schering-Plough increased their DTC spending by at least \$100 million each, and Merck added \$50 million. In a few cases, DTC represents the lion's share of the marketing mix. Estimates suggest that at least half of the marketing expenditures of three drugs – not only Claritin but also Pilosec, which relieves

gastrointestinal distress, and the hair loss treatment Propecia – are directed at consumers rather than professional healthcare providers. As much as 83 per cent of Propecia's budget, and 69 per cent of Claritin's, may be allocated to consumer advertising.

But marketing to professionals still dwarfs DTC spending by a ratio of 10:1 in almost all therapeutic areas, and companies have found it difficult

"Doctors fear that advertising will induce patients to demand medicines they don't need"



Continued on P36 →

can you
afford
to **miss out**



→Continued from P34

to decide when DTC makes most sense as part of their marketing mix.

In the first half of last year, only seven out of the top 20 pharma companies were supporting more than two products with DTC campaigns, and just six supported more than three products at a significant level. In only five therapeutic areas – allergies, arthritis, contraceptives, diabetes and HIV – were three or more products marketed directly to consumers.

Why hasn't the fervour for DTC evident in 1997 been translated into skyrocketing growth? One reason is that many companies have been paralysed by bad early experiences. In the first six months of last year, drug makers were maintaining DTC campaigns for just 48 products, three fewer than in 1997, and just nine companies were responsible for 80 per cent of all DTC product support. More worrisome, many pharmaceutical companies clearly lack the internal organisation and cultural flexibility to develop effective consumer-marketing approaches.

One result: pharma companies are wasting money on short-term DTC campaigns that typically prove ineffective. Of the 51 drugs that pharma companies backed with at least \$1 million in DTC spending in 1997, 21 had their DTC support cut back to less than \$1 million or, in some cases, to nothing within a year. SmithKline Beecham, for example, cut its total DTC spending by 81 per cent from 1997 to 1998. In the first six months of last year, pharma companies pulled the support plug on 23 more drugs they had backed with DTC campaigns in 1998.

Cultural revolution

Pharma companies are learning that their skills at promoting drugs among physicians are not transferable to consumer marketing and that, in general, they don't have the skills and experience needed to market their products to this new audience.

Senior managers, most of whom came up through the ranks of R&D or sales organisations, often lack insight into consumer behaviour and don't understand what it takes to get people off their sofas and into the offices of their doctors, preferably with the names of specific drugs in mind.

Moreover, advertising agencies are finding it hard to work as creatively within the regulatory constraints of the DTC market place as they do in other markets. In fact, DTC campaigns often confuse consumers.

A *Prevention* magazine study found that 21 per cent of consumers

thought that ads for prescription drugs were unclear. Other consumers found the product and risk information inadequate. Quite often they didn't know what an ad was for, even when they suffered from the relevant disease.

The coming of the DTC era has also strained relations between drug makers and the medical profession. At first, doctors found it irritating when patients demanded medications they had read about in magazine ads or heard about on TV. Although the doctors have now grown more comfortable with such demands, many remain unhappy about having to spend time dealing with requests from patients.

Doctors fear as well that advertising will induce patients to demand medicines they don't need and to become dissatisfied when the results they expect don't materialise.

Drug companies must also deal with a difficult regulatory environment. They have not received any advice from the FDA on how to create acceptable TV and radio ads.

As a result, DTC drug marketers have had difficulty satisfying the FDA's demand that ads contain a "fair balance" of information about benefits and risks. A key question is often whether an ad communicates risk information as clearly and prominently as the benefits of the product it touts. Frequently, the answer is a subjective one that comes down to how different people assess the impact of typefaces, graphics, audiovisual distractions, and other "esoterica".

This subjectivity has led to uncertainty. Upon seeing and hearing the ads that drug makers put on the air within weeks of the new regulations in 1997, the FDA promptly ordered most of those ads pulled. For example, TV advertising for Relenza, Glaxo Wellcome's new treatment for flu, had to be redone after the FDA charged that the drug's efficacy had been presented in a misleading way.

In the first ten months of last year, the FDA filed violation notices for one in four products supported by DTC ads, in some cases substantially complicating marketing campaigns just as they were being launched. This, in turn, has driven up marketing costs by making it hard for pharmaceutical companies to buy media time in advance, and hence at a discount, since they often can't anticipate how long the FDA regulatory review will last.

Building FDA review into ad-buying processes can add as much as four to five months to a campaign, making it extremely difficult to react to market changes.

Lessons

However, some valuable lessons can be learned from the experience of

companies that have used DTC marketing campaigns to establish new brands, to drive the behaviour of patients and doctors, and to generate superior performance.

Prevention recently reported that of 163 million adults who had seen a DTC ad, 13 per cent were moved to speak to their doctors about their conditions for the first time. One-third of those people claimed to have spoken to their GPs about the advertised brand, either asking for more information or requesting the drug in question.

Why, then, has most of the pharmaceutical industry had such a tough time in the DTC era? Perhaps because it is an uphill battle to find the talent and build the commitment needed to make DTC marketing work.

Privacy is another problem, since consumers fear having their health records used for commercial purposes. Then there is the question of numbers. Pharmaceutical companies know the doctors – where they work, how they practice, what they prescribe. Lists of target physicians might include a few thousand people, easily reachable through a standard sales force.

But there could be millions of target consumers – even if you know who they are, no sales force is large enough to visit every one of them. The alternative is TV and other mass-marketing tools.

But those with the greatest reach carry the highest price tags.

When is it needed?

Determining the level and mix of expenditures for consumer-marketing programmes is among the most contentious aspects of the marketing process. How much should a company lay out to build a consumer pharmaceutical brand? New product launches in the consumer goods industry require advertising investments ranging from \$10 million to \$100 million. The same levels are required for DTC campaigns.

Pharmaceutical companies must realise that a one-time advertising blitz can't build a brand, change the perceptions of consumers, or inspire

them to behave in new ways. A sustained and consistent effort is required, and the budget must be set accordingly.

Over the years, the brands best supported by DTC campaigns have remained fairly consistent, both in their continuous use of this approach

and the high level of spending they devote to it. These brands are now reaping the greatest benefits from their support.

Inevitably, then, the issue is to know whether DTC marketing money is well spent – a difficult challenge for the executives of drug companies. As one DTC manager told us: "The natural checks and balances that would reside in a consumer goods company do not exist... especially in light of the magnitude of the decisions we are making. The comfort levels of senior management are much less, because the personal and

corporate experience is just not there."

All companies that mount DTC programmes are struggling to define appropriate performance metrics. Attempts to measure increases in prescription sales resulting directly from DTC efforts, or calculating a single return-on-investment number for a particular DTC programme, are usually frustrating and can be misleading as well.

Instead of a single measure for the investment return on DTC marketing – one as predictable and measurable as the return from adding incremental detailing calls to doctors – the DTC game calls for a new kind of metric focusing only on the specific goal of each DTC programme.

If, for instance, a DTC campaign attempts to persuade a certain segment of patients to visit their doctor about a problem or a specific product for the first time, the campaign's measure of success should be defined in those terms. If the goal is unprompted brand awareness within a target segment, the right approach would be to measure that awareness with a tracking survey.

Murray Aitken is a principal and Frazier Holt is a consultant in McKinsey & Co. This is an abbreviated version of an article that appeared in 'The McKinsey Quarterly', 2000, Number 2

"Pharma companies must realise that a one-time advertising blitz can't build a brand"



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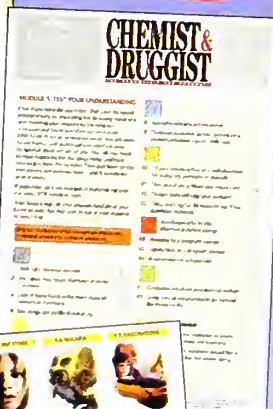
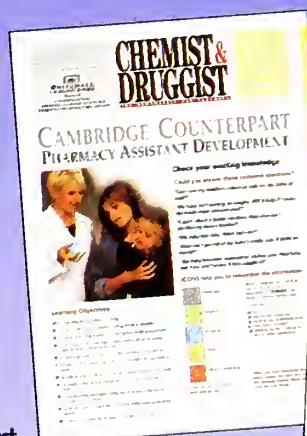
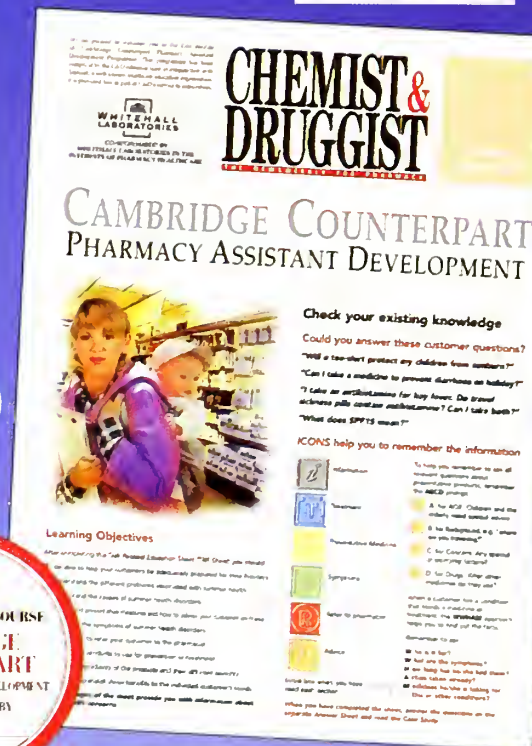
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Pharmacy sales to rise 7pc?

Estimates by government statisticians suggest that consumer expenditure slowed sharply in the first quarter of the year, despite evidence of good growth in retail sales at the start of the year.

In comparison with past levels, consumer confidence remains high. But it fell back in February and March due to a combination of interest rate rises, the prospect of more on the way and some worrying news about jobs. In geographical terms the

picture is mixed. The feel-good factor has been waning in the South West and the West Midlands, whereas significant increases in consumer confidence have been recorded in Northern Ireland and Scotland, with London and Yorkshire seeing above average increases.

Figures show household income 6.7 per cent higher in the first quarter than the same period last year. A new forecast by the Confederation of British Industry (CBI), predicts household expenditure will slow to

3.5 per cent in 2000 and to 2.4 per cent in 2001 (from 3.9 per cent last year).

Meanwhile economists at Business Strategies Ltd (BSL) predict that spending will weaken to 3.7 per cent in 2000 and 2.6 per cent in 2001. But BSL expects the total sales of chemists and opticians' goods to increase in cash terms by 7 per cent this year, and by a further 6.6 per cent in 2001.

Between 2000 and 2008 the prediction is for an increase of nearly two-thirds in the value of sales, to £23.7 billion. Total growth between 1996 and 1999 was 18.6 per cent, according to BSL.

Official figures point to annual increases in the value of pharmaceutical products and toiletry retail sales of 0.9 per cent in both March and April, following a 5.6 per cent rise in the year to January.

Survey data from the British Retail Consortium (BRC), shows total retail sales growth of 5.2 per cent. For chemists, sales of sunglasses witnessed "phenomenal growth... in what was the wettest April on record" as customers sought sun abroad. Fragrances and cosmetics are also

reported to have performed well. The BRC says that in March toiletry goods business was strong ahead of Mothers' Day and demand for vitamins remained solid in the wake of the flu outbreaks of the winter months.

The CBI's April survey indicates that chemists were among the retail sectors reporting the strongest annual growth in volumes. A balance of 30 per cent achieved year-on-year increases which, although healthy, is less buoyant than the 71 and 10 per cent claiming year-on-year boosts in February and March respectively. Overall, retail volumes picked up in the year to April, says the CBI, but the three-month average has been broadly stable since March, "indicating steady growth".

The cost to consumers of chemists' goods dipped by 2.1 per cent in the year to April, in contrast to the headline rate of inflation which intensified to 3.0 per cent. Further back in the price pipeline UK manufacturers' factory gate prices for pharmaceutical products eased by 0.7 per cent in the year to April, while perfumes and toilet preparations were 2 per cent higher.

Latest % change % change % change
on previous on previous on year
period 3 periods

PRICES AND COSTS

Retail prices (July 1987 = 100)

All items	Apr	1.0	2.1	3.0
Chemist's goods	Apr	-0.1	-1.2	-2.1

Producer prices (1990 = 100)

Manufacturing industry, exc food	Apr	0.1	0.4	0.8
Chemical industry	Apr	0.4	0.3	2.9
Pharmaceuticals	Apr	0.1	0.3	-0.7
Perfumes & toilet preps	Apr	0.2	0.6	2.0
Lip & eye make-up preparations	Apr	0.0	0.0	1.9
Dental & oral hygiene preps	Apr	0.0	0.0	-0.1
Shaving preps, deodorants	Apr	0.0	0.0	4.8
Adhesive dressings	Apr	0.3	1.6	5.5

Average earnings (July 1990 = 100)

Whole economy	Mar	5.6	5.1	5.7
Chemicals, chemical products	Mar	-0.1	0.6	6.4

OUTPUT (1990 = 100)

Chemicals, man-made fibres	Q1	-2.1	4.3	5.7
Pharmaceutical products	Q1	-4.9	3.9	12.4
Perfumes, cosmetics, toiletries	Q1	2.1	11.5	13.9

SALES

Consumer expenditure (current prices)

Total, £bn	Q1	0.6	2.7	3.3
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Retail sales (value, 1990 = 100)

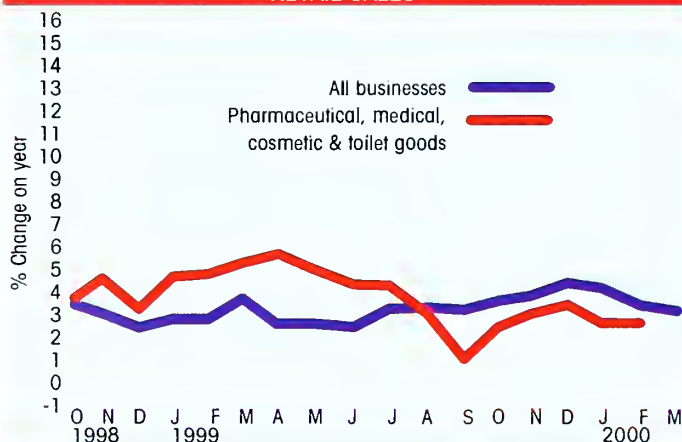
All retail businesses	Apr	3.0	3.2	4.6
Chemists	Mar	0.9	30.8	0.9

OTHER BUSINESS INDICATORS

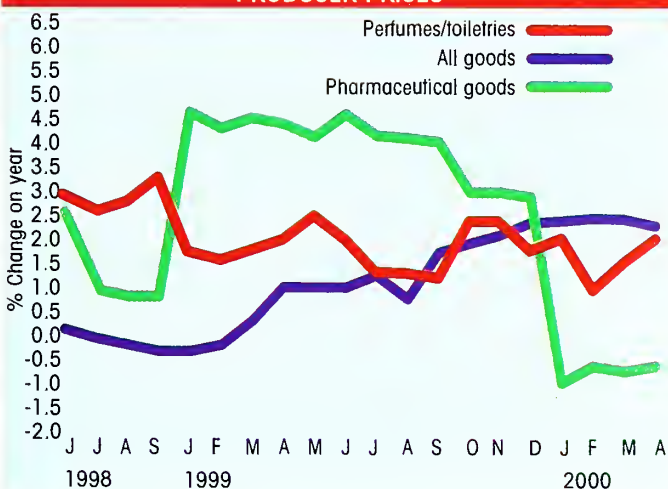
Consumer credit - net lending (£m)	Mar	-0.5	7.2	12.9
Unfilled vacancies ('000)	Apr	3.6	4.8	20.4
Claimant unemployment (%)	Apr	-4.0	-6.3	-8.8

Sources: Central Statistical Office, Department of Employment

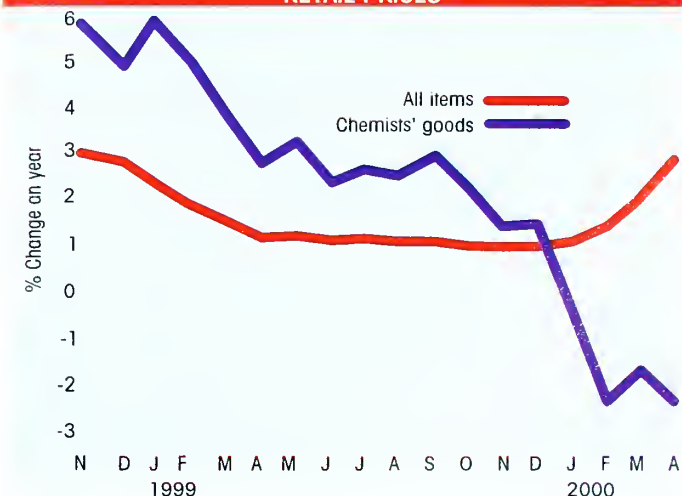
RETAIL SALES



PRODUCER PRICES



RETAIL PRICES



SSL shows pre-tax loss of £26.5m

SSL International, which recently sold its Scholl retail outlets to Moss Pharmacy, reports a pre-tax loss (including exceptional charges) of £26.5 million for the period to March 31. Its sales rose 11.6 per cent to £701.7 million.

Comparing the group's performance with the previous year would be misleading because the figures were compiled over 13 months - SSL has changed its financial year from March-February to April-March.

Part of the exceptional costs stem from the closure of Dothan, its US-based examination gloves/branded condom plant. Total exceptional costs, including post merger integration costs for Seton Scholl and London International Group, amounted to £143.1 million.

Around £85 million of that is taken up by cash, which the group expects to pay back in less than three years.

SSL expects exceptional costs relating to the integration process, the Dothan closure and the exit from the latex examination glove market to eventually reach £165 million. Dieno George, SSL's group managing director, corporate development, said the charges were broadly in line with expectations.

Excluding the charges, its pre-tax profits rose 34 per cent to £116.6 million.

SSL said its integration was on course and it is confident it can generate over £40 million in savings from 2001/02.

Its pro rata sales grew 3.1 per cent, while its core category turnover was up 8.1 per cent.

The group's sales in the UK & Eire were up 11 per cent to £497.9 million, while its pre-tax profits (including exceptional charges) grew 71 per cent to £33.7 million.

Consumer healthcare sales were up 9.4 per cent to £391 million, while its medical turnover, which includes surgical gloves and wound management, rose 22 per cent to £209.1 million.

SSL claims to be the second biggest OTC supplier in the independent pharmacy sector - most of its OTC sales are in the UK, although it is planning to launch a number of products in selected overseas markets.

The group also plans to divest some OTCs - it has already earmarked some contenders but Mr George said it would only sell them "if it makes sense for the business and we get core value for them."

The 'earmarked brands' combined sales is around £5 million-£6 million.

As *C&D* went to press SSL's share price was down 11p to 740p.

Worry over high OTC prices

More than three quarters of consumers are concerned about the 'high prices of OTCs', according to a survey commissioned by market researcher Key Note.

Seventy seven per cent of all consumers registered their concern - the ratio rose to 81 per cent for those between 35 and 44 years old.

Even 70 per cent of 16-24 year olds, who traditionally do not consume many medicines, said they were concerned.

Consumers living in the Midlands/Wales were more likely to be worried about high OTC prices than elsewhere.

Meanwhile, 63 per cent of the panel would seek advice from a pharmacist if they were ill, although only 56 per cent of men would. The middle aged - 35-44 years old - were more likely to approach a pharmacist for help than any other age group.

But 54 per cent of respondents said they would seek advice from their fam-

ily and friends, rising to 77 per cent for youngsters aged 16-24 years old. But only 39 per cent of those aged 45-64 would take up this option.

In contrast, 91 per cent of the panel said they would treat a minor illness themselves, and 69 per cent would consult their GP.

Sixty seven per cent would buy a well-known branded medicine when ill, and 50 per cent claim to use natural remedies. Surprisingly, only 36 per cent of 16-24 year olds said they used natural remedies.

Only 40 per cent use natural therapies when they are ill.

Seventy five per cent of the panel are worried about the 'high prices of prescription charges'. Predictably, those older than 65 years old were far less concerned because they do not have to pay for their prescriptions. But 86 per cent of 35-44 year olds said they were worried.

Eighty per cent of respondents are concerned about the side effects of

prescription drugs. Women were more concerned than men.

And seventy two per cent of the panel are worried about the lack of information about drugs, rising to 75 per cent for 16-24 year olds. In contrast, 67 per cent of those over 65 years old said they were concerned.

Natural medicines appear to have a much better reputation. Just 55 per cent of respondents are worried about the side effects of these products, although women are more likely to be concerned than men. Only 45 per cent of 16-24 year olds said they were worried.

Seventy nine per cent said they tried to improve their lifestyles when they were ill.

The survey, by Gallup on behalf of Key Note, involved a representative sample of 1,007 consumers over 16 years old. It is available in Key Note's latest report: UK Pharmaceutical Industry - Market Review 2000, price £490. For more information, call the company: 0208 481 8750.

AAH launches CHS distance learning programme

AAH Pharmaceuticals has launched a distance learning course for community health services (CHS).

The programme, aimed at Vantage pharmacies, provides background material on a series of in-store tests that include total cholesterol, HDL assessment, osteoporosis risk assessment, glycated haemoglobin and PSA screening.

Pharmacists are given a manual and video (produced by Pathology Management Company), which advise them how to perform the tests and to give advice and information about the kits. Additional support includes promotional and merchandising material plus updates on clinical information.

The CHS programme costs £175 (ex VAT) for the distance learning pack and stock allocation, and an annual fee of £50 (ex VAT) from the second year onwards.

AAH is distributing more information and an enrolment form to all Vantage pharmacists who have said they are interested in professional services.

Dr Mandeep Mudhar, AAH's professional services manager said it aimed to make participation in the CHS programme as easy and time-effective as possible.

● Michael Guerin, who owns the Belfast-based Eslers Pharmacy Group, has won the Vantage Silver IT award. This is one of a series AAH is running



Carl Atewell, AAH's director of sales and Michael Guerin

to celebrate Vantage Pharmacy's 25th birthday.

Mr Guerin, according to the competition judges, implemented an outstanding IT strategy in his seven-shop chain over the past 12 months. Each of his pharmacies was equipped with a Microsoft Windows dispensary system, printer and Epos system. And communication between the outlets was improved with e-mail and ISDN facilities.

He wins £1,000 and an engraved sterling silver timepiece and decision-maker. He will also be automatically entered in the annual award which carries a £5,000 first prize.

The next award is for healthcare. For details on how to apply, contact the marketing department at: 02476 432000.

Generic producers deny demise of patient packs

Generic manufacturers stressed this week that they will continue to produce patient packs.

The British Generic Manufacturers Association said its members wanted to clarify the situation. Rumours suggested they wanted to revert to bulk packs because of the imposition of maximum generic prices, and possible changes in the reimbursement system.

These rumours, it added, were partly based on a 'misunderstanding of remarks' made by health minister Gisela Stuart in a recent House of Commons debate on generic prices. (*C&D*, May 27, 2000, p5). Ms Stuart had said the EC directive on labelling and drugs information required the provision of a patient leaflet and certain information on the label, which could not be equated with a patient pack. The Government, she added, was complying with the directive.

She had also said the previous Tory Government thought patient packs were the way forward, whereas the current Government has not indicated to the industry that it would pursue this.

Warwick Smith, BGMA's director, said Ms Stuart's remarks did not mean Labour did not want patient packs. "My understanding of what she means is that the Conservative Government set out a timetable for the introduction of patient packs. Labour Government is not interested in that implementation programme - it wants a phased set of regulatory changes," he said.

Boots expansion fails to impress nervous investors

Boots The Chemists is expanding into gyms/health centres and a website for customers' photographs, but that was not enough to stop its shares sliding 44.5p to 512.5p as investors believe it is struggling to cope with tougher competition. As C&D went to press the shares were still low at 516p.

BTC's search for new services has already taken it into chiropody, dental and even financial services through the Advantage credit card. Now it is to open two 'health and beauty experience' stores in Kensington High Street and Milton Keynes in September.

Apart from stocking Boots' products these will offer beauty services ranging from facials to manicures, and healthcare specialists, such as homoeopaths, osteopaths and herbalists.

BTC will also launch the Boots Body360 gym in Spring 2001, which will combine traditional fitness equipment with lifestyle treatments that include stress management.

Meanwhile, from July, the chain's customers can have their photographs stored in their own secure webspace - www.bootsphoto.com - which can be

accessed only through a password. Prints, enlargements and photographs ordered on-line can be delivered to any nominated Boots store.

The chain is spending £9.5 million to develop the site in 2000/2001 expecting it to be profitable within two years.

It said e-photo had a lot of financial potential as Internet access would soon extend beyond PCs to include mobile phones and digital TV. The US e-photo market was worth around \$66 million last year and is expected to top \$1.5 billion this year, according to BTC.

Boots reported an operating loss of £2.9 million through handbag.com, its on-line venture with Hollinger Telegraph New Media. Advertising accounts for 71 per cent of the site's income, while 21 per cent stems from orders. Boots expects the venture to make a profit in its third year.

Investors were more interested in how Boots was coping with tougher competition. Its pre-tax profits rose 4.8 per cent to £587.4 million on £5.189 billion turnover, up 5.6 per cent.

BTC's sales grew 4.1 per cent (1.8 per cent like-for-like) to £3.97 billion,

and its operating profit was up 8.9 per cent to £503 million. Although its gross health and beauty margin rose 0.3 per cent, it reportedly told analysts that the overall margin was down 0.3 per cent. Analysts said this meant its margin must have fallen around 1 per cent during the second half.

BTC admits its share of the OTC market fell 0.6 per cent. It said recent innovations in vitamins, pain relief and smoking cessation would reverse that.

The chain claims to have increased its toiletry sales and said its share of that market had grown despite the price war. Over the next 12 months it will be changing the merchandising mix of its stores to apply the lessons learnt from its 275 larger outlets.

The Boots Company is cutting costs throughout its operations - BTC said it saved £32 million during the 1999/2000 financial year and plans to slash costs by £40 million in the current financial year.

Meanwhile, Boots Contract Manufacturing's operating profit rose 11.1 per cent to £27 million, while its sales rose 3.6 per cent to £321 million.

Inland Revenue to simplify tax self-assessment forms

The Inland Revenue is looking for ways to simplify self assessment tax forms, especially the Return and Tax Calculation Guide.

IR told C&D it had also been modifying the statement of tax due, and will be introducing further improvements soon. It is also looking at other forms.

However, it does not have plans to simplify the tax bands/rates structure, which has been criticised by some pharmacists for being too complex. That decision could only be made by the Government.

Meanwhile, it said new regulations for the self-employed (IR 35) would affect locum pharmacists only if they worked through an intermediary, such as a limited company. Pharmacists who feel they could be affected are advised to contact the IR or look at its website: www.inlandrevenue.gov.uk/ir35.

The National Pharmaceutical Association has received complaints from members who have had problems contacting their local tax office. However, the Revenue has denied its local offices are undermanned.

While the offices only accept calls between 10am-4pm, IR said they actually opened between 7.30am-6pm.

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CAMPAIN

On-the-spot decision may have saved a life

An "on-the-spot" decision by an Essex pharmacist could have saved a patient's life after he suffered an allergic reaction.

David French had collected a dental prescription for amoxicillin from Tariq Mahmood's MIM pharmacy in Romford and then returned to work. Within 15 minutes of taking his first capsule Mr French started to feel unwell. One of his colleagues checked the medicine container and rang the pharmacy number which was on the label. Mr French was suffering from chest tightness, his lips had turned blue, and he was generally unwell.

After eliminating a history of asthma or wheeze, Tariq suspected an allergic reaction, despite the patient having safely taken penicillin in the past. Since the symptoms had come on so soon after taking the medication, Tariq knew the situation was serious and immediate action was needed. He told Mr French's colleague to ring 999 immediately.

Mr French described his situation as "very, very scary. Much longer and it could have been much, much worse." As soon as the ambulance arrived he was given adrenaline and oxygen. He was then taken for emergency treatment at a nearby hospital where he was kept overnight. He has since made a complete recovery. Hospital doctors could offer no explanation as to why he suddenly became allergic to amoxicillin, although it may be related to a recent attack of pneumonia.

Mr French is grateful for Tariq's quick thinking. He said: "I'm sure any other chemist would have done the same. But I'm very glad that he did what he did."



Tariq Mahmood



Sallyanne Benden, the 4,000th assistant to complete the C&D Cambridge Counterpart course sponsored by Whitehall Laboratories, receives her College of Pharmacy Practice Certificate from John Skelton, C&D associate publisher (left). Sallyanne works at the Staple Hill head office of Bristol-based Ideal Chemists. Also pictured are Whitehall's senior trade marketing manager, Don Sibley (second right), and pharmacy manager David Richards

APPOINTMENTS

Steve Bremer has been appointed Technical Editor at *Chemist & Druggist*. He has been C&D's news reporter for 18 months. Previously he worked as a community pharmacist in the Bristol area.

Richard Dean of Burton on Trent based Dean & Smedley has been re-appointed as a non-executive director of South Staffordshire Health Authority until March 2004. Mr Dean is chairman of the Authority's audit committee. He also serves on the board of East Staffordshire PCG, where he chairs the prescribing sub-committee and health improvement group, and is a member of the clinical governance committee. He is also chair of South Staffs LPC.

Pharmacist Peter Merry has been appointed non-executive director at Eastbourne Hospitals NHS Trust. Mr Merry was a reporter for *Chemist & Druggist* at the beginning of a journalistic career which eventually saw him editing the *Health Service Journal* between 1982 and 1990.

Rajni Hindocha has been appointed chairman of the Leicestershire and Rutland Branch, RPSGB. Mr Hindocha is a proprietor pharmacist and managing director of CAMRx buying group and Campdale Pharmaceuticals.

M&S Toiletries has appointed Janet Sudnik as senior buyer of fragrance, cosmetics and sundries. She joins from Gehe plc where she was OTC buyer for both Lloyds Pharmacy and AAH Wholesale.

Graeme Millar, chairman of the Royal Pharmaceutical Society in Scotland, has been dubbed Scotland's 'retail agony uncle' by the *Glasgow Herald*, following his appointment as chairman of the Scottish Consumers Council. He takes up the two days a week, £15,000 a year post alongside chairmanships of the Common Services Agency and the Southern Scotland Electricity Board. Sounds like he will be busy, but somehow the image of Mr Millar as an 'agony uncle' doesn't strike quite the right note...



Steve Bremer



Rajni Hindocha



Graeme Millar

Wet wedding makes for good omens

The last person they might have expected to see at the NPA Roadshow in Bristol on June 1 was Alaster Rutherford. He had turned down a summons to attend as an Association spokesman but had not said why he was unavailable. It was, he told C&D, one day that he had to be elsewhere - he was getting married to Margaret Hook, a long time business partner and chair of Avon LPC.

However, the registry office at Quakers Friars in Bristol was close to the Roadshow, and the wedding party had to walk past it on the way to the reception. It was tipping down with rain, and it just seemed appropriate to drop in... And you can always rely on a pharmacist for good advice - Douglas Jaynes, the pharmacist on duty, told the newly-weds that in China it is considered auspicious if it rains on your wedding day. And why getting wed now? Well, it's a leap year, and read what you like into that. Sounds like he was Hooked!



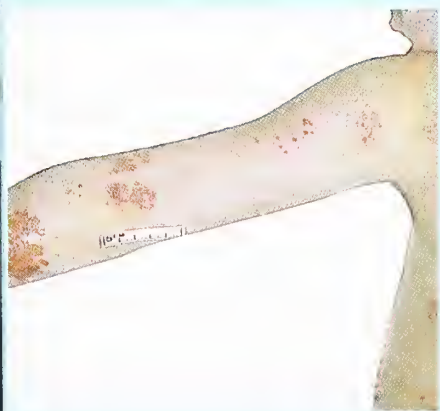
Sheltering from the elements in the NPA Roadshow on the way to their wedding reception, Alaster and Margaret Rutherford with RPSGB Bristol Branch committee member Douglas Jaynes (right)

Recommend Piriton for all the family's allergies.

Allergy is on the increase. Some estimates suggest that soon half the population will suffer from an allergic reaction of some sort. And allergy means more than just hayfever.

Common allergies include reactions to house dust mites and pet fur as well as allergic skin reactions to cosmetics, perfumes, etc and to insect bites.

In these cases the symptoms are generally pruritus (itching) and erythema (redness). Thankfully, in almost all cases of allergic reaction, Piriton, being an antihistamine, can help.



Histamine is responsible for many of the unpleasant symptoms of allergy. Itching and redness in the eyes, nose and skin, and constriction of the airways as a result of swelling and inflammation of the lining of the nasal cavities and lungs are all attributable to histamine production.

Other local effects of histamine include watering of the eyes and hypersecretion of mucus in the nose and lungs.

The antihistamine in Piriton is chlor-

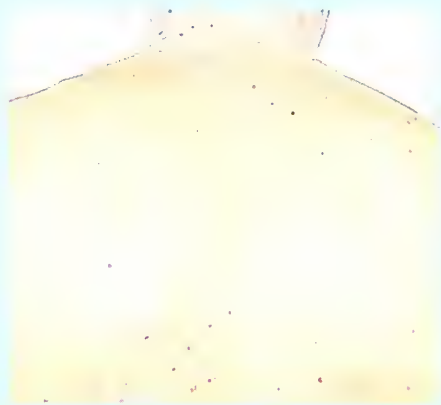
pheniramine, a traditional antihistamine effective in treating hayfever, perennial rhinitis, allergic eczema (dermatitis) and urticaria.

And Piriton delivers relief fast—usually within half an hour.



Having been prescribed for over 40 years Piriton has a long history of use, with a well established safety profile. The most well known potential side effect of antihistamines is drowsiness, with even some of the newer antihistamines advising consumers not to drive or operate machinery if affected.

If using an antihistamine for the first time, it's worth recommending to consumers that they check for this side effect. Often tolerance to the sedative effect develops within a week or so.¹



Unlike many antihistamines, Piriton offers relief for the whole family—it's one of the few antihistamines available OTC to children as young as 12 months.

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The Piriton range comprises Piriton Syrup,



which is suitable for adults and children aged 1 year and over, and Piriton Allergy Tablets which are suitable for adults and children from 6 years onwards.

Recommend it for fast, effective relief of all antihistamine responsive allergic reactions.

PIRITON™

Contains chlorpheniramine

References 1. Nuovo J, et al. J. Am. Board Fam Pract. 1992; 5 (2): 137-141 **Product Information.** Piriton Tablets and Piriton Allergy Tablets containing 4mg chlorpheniramine maleate. Piriton Syrup containing 4mg chlorpheniramine maleate in 10ml. **Uses:** Symptomatic relief of allergic conditions including hayfever. **Dosage and administration:** Tablets. Adults: 1 tablet. Every 4-6 hours. Children aged 6-12 years: 1/2 tablet. Every 4-6 hours. Syrup. Adults: 10ml. Every 4-6 hours. Children aged 6-12 years: 5ml. Every 4-6 hours. Aged 2-5 years: 2.5ml. Every 4-6 hours. Aged 1-2 years: 2.5ml, twice daily. **Contraindications:** Hypersensitivity. Concurrent or recent treatment with MAOIs. **Precautions:** May increase effects of alcohol. May affect ability to drive and use machinery. **Co-existing conditions:** Use with caution in prostate, respiratory, liver, cardiovascular and thyroid disease; epilepsy, glaucoma and other eye conditions. Syrup contains sugar, use with caution in diabetes. Maintain good dental hygiene. **Pregnancy and lactation:** Consult doctor before use. **Side effects:** Sedation. Less commonly gastrointestinal disturbances, blurred vision, headaches, urinary retention, dry mouth, muscular incoordination, jaundice, cardiovascular disturbances, chest tightness, dizziness, blood dyscrasias, allergic reactions and tinnitus. Children and the elderly are more prone to the neurological anticholinergic effects and rarely may become confused or excitable. **Retail selling price:** Piriton Allergy Tablets 30' £2.85; Piriton Syrup 150ml £3.79 **Legal category:** P **Product licence numbers:** 0036/0090 (Piriton Tablets), 0036/0088 (Piriton Syrup), 0036/0091 (Piriton Allergy Tablets) **Product licence holder:** Stafford-Miller Limited, Welwyn Garden City, AL7 3SP **Date of preparation:** March 2000. DO 4166

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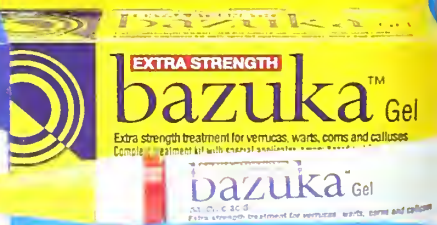
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